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ON FERENCZI'S RELAXATION PRINCIPLE[1]

BY

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The increasing appreciation and knowledge of the emotional factors in the psycho-analytical situation are a characteristic of the recent development of psycho-analytic technique. It is well known that in the beginning the method of free association was used without recognition of the importance of the emotional relation between patient and physician which develops while using this technique. Very soon, however, apart from the more intellectual device of eliminating conscious control over the trains of thought, the emotional factor, the transference, proved to be the most powerful agent in mobilizing unconscious material. The original idea was that the analyst, through his passive, unemotional attitude, plays the neutral rôle of a screen on which the patient projects according to infantile patterns different qualities and at the same time develops the corresponding emotions. The easy, objective, matter-of-fact atmosphere of the analytical situation facilitates undisguised manifestation of these infantile reactions, which have been repressed as such and expressed only in the unintelligible language of symptoms.

This objective unemotional attitude, however, appears to be contradictory to the different rôles which the patient attributes to the analyst. The patient may see in the analyst a tyrannical or a weak father, an understanding mother, or competitive brother, etc. ; but in contrast to these projections the real attitude of the analyst is neutral, unemotional and objective. As is well known, just this contrast

[1] Address given at the meeting of the American Orthopsychiatric Association in Baltimore, February 20, 1932, under the title " The Significance of Emotional Attitudes in the Psycho-analytical Situation."

supplies one of the therapeutic factors of the treatment. The patient is forced constantly to confront his subjective projections with the real attitude of the analyst, and this comparison works as a natural brake on the emotions, keeps them at a certain optimum level, and makes possible emotional experience and simultaneous insight into the emotions. But in spite of this, in many cases the emotional participation of the patient is either above or below this desirable optimum. I refer to the over-intellectual character of some analyses of obsessional neurotics and to the over-emotional episodes in the analyses of certain schizoid and infantile personalities.

Repeated attempts have been made, therefore, to experiment with different forms of activity in order to adjust the analytical atmosphere to these different types. One has to realize that in every form of activity, in forbidding or allowing something to the patient, the analyst assumes a certain rôle which is independent of the patient's subjectively motivated projections. In forbidding or allowing something, the analyst actually and dramatically plays a part, and because of this the patient's reactions are no longer determined exclusively by subjective factors, but also by the analyst's behaviour. For example, a patient may no longer fear the analyst because he attributes to him a paternal rôle, but because the analyst actually assumes a paternal rôle. It is evident that this dramatic participation of the analyst in the emotional situation, if appropriately chosen, will stimulate the emotional process, especially if it corresponds to the subjective situation of the patient. This kind of experimentation, however, requires systematic dealing with the problem of how the analyst's behaviour influences the patient's mental processes during the analysis. In the classical technique, this problem is not significant, because the analyst's behaviour is prescribed ; it is constant and undramatic. The therapeutic significance of this constant and passive behaviour is sufficiently well known. As soon as the analyst, however, purposely changes his own behaviour in order to stimulate the analytical process, he introduces a new technical device, which requires a careful and critical investigation.

Ferenczi unquestionably deserves first credit for developing this new technical possibility. After several studies dealing with active therapy, in a recent publication, ' Child Analysis in the Analysis of Adults,' [2] he gives us more details of his ' relaxation principle '. The gist of this principle is that the analyst should consciously attempt to

[2] This JOURNAL, Vol. XII., 1931, p. 468.

increase the easy atmosphere of the analytical situation by adjusting his own attitude to the unconscious mood of the patient. For example, Ferenczi says that he assumes a childish manner at the moment when the patient emotionally regresses to an early infantile mentality, i.e. he actually assumes a behaviour characteristic of the play-room, and thus dramatically participates in the transference situation. With his play-acting, he makes it easier for the patient to express in a dramatic fashion his infantile emotions. The patient can much more easily give in to his infantile reactions if he feels that the analyst assumes the same attitude ; he is no more inhibited by his own criticism. One-sided acting makes the patient self-conscious, and a dramatic acting-out of certain situations is easier if both patient and analyst participate in it.

I myself have often felt it of great advantage deliberately to relieve the solemn atmosphere of the analytical situation which many patients connect with it. The attitude of objectivity and understanding alone very often does not suffice to make the patient feel easy enough to express himself. His unconscious needs encouragement through the analyst's manifest sympathy for his infantile manifestations, and the analyst should for a time become actively an advocate of the repressed tendencies and not of those of the repressing forces. Objectivity and understanding are characteristics of the intellect of the more highly developed part of the personality, and therefore are foreign to the emotional atmosphere of the unconscious. Ferenczi was indeed bold enough consistently to follow through this principle to its utmost application.

It must, however, be left for future experience whether and in just what form the principle of a histrionic activity by the analyst can be incorporated into psycho-analytical technique. Probably in the extreme form in which Ferenczi describes this technique it will remain a last refuge to which we shall only resort to break up the emotional resistance of certain exceptionally difficult patients. I do not think, however, that a general principle can be worked out on this basis ; although it is possible that a more conscious handling of the analyst's own behaviour within certain limits will prove of advantage in most cases for mobilizing the deeper unconscious layers. A less radical application of the relaxation principle I have used for a long time, which the following example illustrates, together with its therapeutic value :

A twenty-year-old delinquent boy with a tendency toward impulsive

stealing and truancy had the habit of telling phantastic lies. He told everybody elaborate stories about his travels round the world as a sailor or steward. He maintained that he had been in India and China, London, Paris, Hamburg, and Berlin, and he could speak in detail of his interesting experiences in these different parts of the world. It had never been established that his stories were invented, although some of the psychiatrists who knew him and had examined him before had some doubts about them. The vivid way, however, in which he spoke about his experiences and the many plausible details were able to dissipate the scepticism of his hearers. At the beginning of his analysis, he told me also about these stories, but never came back to them again until after he had been in analysis for three months. The analysis revealed an extreme, unusually strong form of sense of inferiority connected with envy and jealousy towards almost everybody, especially towards his older brother. His impulsive stealing and truancy were closely related with these emotions of inferiority, envy, and jealousy. In the third month of his analysis, he spontaneously spoke again about his travels. The way he confessed the phantastic nature of his stories can best be demonstrated by quoting the records of two consecutive analytical sessions.

He started one session by talking of his travels. He asked me whether he had spoken about them before.

(Analyst.) 'Not very much. You don't like to talk about them. You mentioned at the beginning that you had travelled round the world, but you never mentioned it again, which is peculiar, because you like to boast about the things you have done.'

That was because he did not see what tourists see—but only saloons and public houses. After he got on shore, he saw very little that was interesting and went with the other sailors to the nearest saloon or brothel. It was only on his own initiative that he saw anything worth while at all. So, for example, when they went from Le Havre to Paris, or to Calcutta ; he also saw a good deal of China. He saw Shanghai and the Great Wall, and the Yellow River, the Yangstse. One Chinese steward told him interesting stories.

He would like to write. That is one of his permanent ambitions. That would make him feel important. That would relieve his inferiority feeling.

(Analyst.) 'I think you do that also by speaking about your travels.'

Yes, he admits that he does brag. He wants to confess to me that

some of his stories are not true, but some *are* true. For example, he did not see the Great Wall, but he saw China. Also, his trip to Paris is true.

(Analyst.) 'Now I really do not know what is true and what is not true. Tell me the truth. There is no sense in your telling me these stories and not confessing their phantastic nature.'

He will tell me the truth. He was in Calcutta, but he was not in Bombay. That is all.

(Analyst.) 'But you have been in Paris and Berlin and in London?'

No, he was not in Berlin. That was bragging. But he really was in Hamburg, London, and Liverpool, but in London he did not see all the things which he said he saw.

Now I tell him an anecdote about bragging.

A hunter was telling about his experiences in Russia. 'One winter I was driving along in my sleigh,' he said, 'and suddenly realized that a hundred wolves were following me.'

One of the listeners interrupted him and said, 'Were there actually so many as a hundred wolves?'

'Well, I don't know exactly,' he replied, 'but at least fifty. They came nearer and nearer, and . . .'

Again he was interrupted. 'Perhaps there were not even fifty wolves, either.'

'Oh, yes,' said the hunter, 'for I saw at least ten distinctly. And then one of them, a big one, came quite near to the sleigh.'

(Another voice interrupted.) 'Perhaps there were not even ten wolves.'

'But,' said he, 'I saw a big one quite clearly approaching the sleigh.'

'Perhaps there was no wolf at all?'

'Then what was that black shadow I saw in the bush?'

The patient laughs and tells me in exchange another story about bragging.

Two Jews met on the street. One admired the overcoat of the other and asked, 'How much did it cost?' '$120.00,' was the answer. 'But your coat is also nice, how much did it cost?' 'Oh, this one cost $200.00.' 'Oh, that is too much, that is impossible,' 'If you come down, I will come down too,' answered the first Jew.

(Analyst.) 'Now you come down first.'

'Well, I was not in Berlin, and I was not in Bombay, but I was in

China, but I did not see the Great Wall. All the other things are true, but I can't prove it. Ask me, for example, about Hamburg.'

(Analyst.) 'I won't ask you. If you tell me, then I have to believe you.'

He starts describing the harbour in Hamburg. He has pictures he snapped in Hamburg. If I want, he will bring them to me.

(Analyst.) 'You did not mention whether the story about Paris is true or not.'

'Yes, it is.' (Silence.) 'No, it is not. But I have told it so often that I believe it now myself. But London and Liverpool are true.'

(Analyst.) 'Have you clear memories of London?'

Yes, he saw Hyde Park and was in the Coliseum. He has picture postcards which he brought from London. He was in Bond Street, in Threadneedle Street, where the Bank of England is. He saw a monument, he does not exactly remember what it was, but like the Tomb of the Unknown Soldier. He saw Piccadilly Circus.

(Analyst.) 'You remember the Circus?'

No, he has forgotten it.

(Analyst.) 'Why don't you tell me now the whole truth? I don't want to force you to tell me, but I see that you want to tell me, only you have not the courage now.'

He was in London, but he did not see all these things which he told me about.

(Analyst.) 'It seems to be very difficult for you to confess all that.'

'Yes, it disturbs my illusion of having seen all these things. It brings me back to earth.' (In a complaining voice, almost weeping): 'I can't tell these stories any more to anyone. You must think I am a terrible liar. You won't believe anything now. How long will the analysis last?'

'Why?'

'Because it destroys all my illusions and does not substitute anything for them.'

I tell him that I think he will be able to substitute reality for phantasy only after he has renounced living entirely in phantasy.

In the following session he wants to speak again about his travels. 'I never was in Europe. I once went to China with an oil tanker, but I couldn't get out of the ship. I saw nothing.' He was otherwise only around here, in America.

(Analyst.) 'It was difficult to confess that, was it not?'

'Yes, it was, because that was the only thing in which I could

show my superiority to others. Even towards you, that was a source of superiority. Towards you, I feel so inferior. You are much more educated, but in that way, I could build up a kind of superiority. It was also difficult to confess because I did not want to appear to be a liar. But the anecdote you told me made it easier for me to change my mind and tell the truth.'

(Analyst.) ' Do you still feel it as a great loss that you told me the truth ? '

' To be frank, I shall, for a time, go on telling these stories to other people. But it relieved me to tell you the truth.' He says that it does not do him any good to deceive me.

Two days later, he confessed to me that he never had been even in China. This last lie he kept for two days after he confessed everything else, because he says this story was the most glamorous one of all and gave him the greatest satisfaction in phantasy.

The psychological effect of my technique was that by telling the anecdote I shewed understanding and sympathy for this kind of bragging. Furthermore, I shewed him the universality of bragging and of phantastic pseudologia, that it is a rather common human manifestation and not his own special defect. Moreover, by telling him the anecdote I gave up the attitude of an authority and relieved his sense of inferiority towards me. But the motive of his phantastic lying was just this sense of inferiority, and only after this was diminished by telling him the anecdote was he able to confess his lies. In this case the relaxation principle was used not to mobilize unconscious material, but to facilitate conscious confession.

In working with criminals the principle of relaxation has especial importance and, I should say, almost general application. The only way to gain the confidence of the criminals is to eliminate from the analytical situation the usual attitude of discrimination against this group of individuals, as if they were different human beings. At the very beginning of my criminal work I learned the importance of this principle. In the case of a twenty-one-year-old delinquent boy I succeeded at the first meeting in gaining his full confidence and was myself astonished at the amount of confidential material obtained compared with the results of the two court psychiatrists who had investigated him before. To my question, ' Why didn't you tell any of these things to the other doctors ? That would have helped you very much,' he answered that it was impossible for him to talk freely to

them because their psychiatric investigation reminded him so much of the investigation of the police and of the judge. ' But you talk with me,' he said, ' as with a human being, and I do not even feel that you think I did something wrong.'

As you see, that is essentially the same principle as Ferenczi's assuming the infantile attitude. The unconscious feels at home in the atmosphere which Ferenczi purposely creates and can manifest itself most freely. The inhibiting factor, the critical attitude of the super-ego, is eliminated by the analyst descending to the level of the unconscious. The psychology of conscious confession is the same: the analyst, in discarding the conventional critical attitude towards the criminal, diminishes the criminal's own inhibitions which block his confession, and he can talk freely if he does not feel the discrimination which he experienced from the first moment he came in contact with the official representatives of criminal justice.

But even after obtaining a conscious confession, the relaxation principle is of great importance to get unconscious material, because of the extreme sense of guilt which is so common with the neurotic type of criminals. Moreover, the confession of unconscious tendencies usually follows conscious confessions, and so long as the patient withholds conscious material, there is no hope of progressing to unconscious layers. Thus the principle of relaxation facilitates both conscious confession and the revelation of unconscious material. Of course nothing is essentially new in these technical devices. According to Freud's statement that one cannot attack an enemy who is not present, our first attempt must be to get the unconscious material into consciousness. Without coaxing out the repressed and condemned unconscious tendencies from their hidden position, the intellect cannot deal with them. It is indeed sometimes necessary that the analyst not only becomes the benign super-ego in contrast to the over-harsh super-ego of the neurotic criminal, but that he often avoids being any super-ego at all and simply is an equal of the unconscious. It should be realized, however, that if we go too far with our activity in order to mobilize unconscious material, difficulty will arise when we try to force the patient to insight. He will feel cheated, if we now change our attitude. At first we were accomplices of the unconscious, we played the rôle of an ' *agent provocateur* ', and then we suddenly change our attitude and force him to take an intellectual attitude towards all the unconscious tendencies which are brought to the surface with the help of technical devices. It is hard, therefore, to give general prescriptions.

At present analytical tact is the only means of estimating how far we can go in changing our rôles during the analytical process.

We must remember the dynamic difficulty which Freud met while using the method of cathartic hypnosis, which by eliminating the conscious layers of the personality brought unconscious material eruptively to the surface. With this abreaction the essential therapeutic problem was not solved, namely, that of inducing the conscious ego to face this unconscious material. As Ferenczi himself remarks, the effects of his relaxation principle reminded him very much of abreaction in hypnosis. The chief economic principle of psychoanalytical technique, which makes it superior to cathartic hypnosis, is that of keeping the emergence of unconscious material into consciousness as a gradual flow regulated by the patient's resistance. This resistance we have learned not to attempt to circumvent by different technical devices and tricks, but gradually to decrease by giving insight. My patient, after he confessed that my telling of the anecdote made his confession possible, later reproached me for having robbed him of something which he still needed. He predicted that he would go on telling his phantastic stories to other people ; and indeed a long time after his confession he still lied to others about his travels round the world.

Probably everyone knows from experience a similar phenomenon of everyday life regarding the psychological effect of jokes. In a group of respectable persons, after one or two questionable jokes have been told with great success and followed by laughter, in the very next moment an unpleasant atmosphere spreads out and everyone is ashamed, or at least annoyed, for having given in to laughter. The more respectable the conscious personality of the hearer is, the greater is the subsequent feeling of having been cheated or seduced to give in to emotions which were not controlled at the moment. Resentment for having laughed is essentially the same phenomenon as the increased resistance of the patient which he shows after repressed material has been forcibly coaxed out of him with the help of technical tricks, such as hypnosis or the related method of extreme relaxation. Although I do not see any other possibility of getting into good rapport in a relatively short time with criminals than by a deliberate use of the relaxation principle, yet I think that the less we have to give in to this necessity of discarding the objective and unemotional attitude of the classical technique, the better for the procedure of the analysis. In the period of working through, that is to say, in the period of conscious

digestion of the unconscious material, we have to pay for every deviation from the classical analytical attitude. For analysis is a dynamic process, consisting in the interplay of repressing and repressed forces, and we have to base our progress in revealing unconscious material on solid grounds.

Every sudden gain of ground is necessarily followed by the increased resistance of the patient, and consequently only such progress can be considered as really sound which is not followed by a vehement counter-attack of the repressive forces. Even though in difficult cases we shall not be able to avoid entirely the active employment of the relaxation principle, while using it we have to know its disadvantages and consider it a necessary evil.

THE PSYCHOLOGY OF SCREAMING [1]

BY

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LONDON

My main theme is the infant's scream of intense rage. The whole field of the psychology of screaming is too vast a subject. I am concerned with those violent screaming fits which not only signalize, but in themselves constitute the infant's most painful situations. I personally find I am only now beginning to understand them. No psycho-analytical writings have carried me very far in their specific problem, apart from that of anxiety in general, though Melanie Klein's work is full of their derivative phantasies. Bernfeld,[2] the most explicit, leaves some of the most important problems unsolved. Yet these screaming fits must contain the core of the problem of infantile anxiety, and on the importance of that there is no need to insist.

I suggest, first, that such screams are essentially aggressive attacks in situations in which, as in infancy, other forms of effective attack and flight are precluded; secondly, that where they fail to achieve any satisfaction, even of the rage itself, i.e. where they fail allo-plastically, they work auto-plastically; and thirdly, that it is worth while to trace out some of the metamorphoses or vicissitudes of the scream, which is certainly one of the earliest instinctual activities.

To enlarge slightly on the auto-plastic activity of the baffled scream of rage, ended only by exhaustion, I have come to consider that it provides the basis for that puzzling division of the human psyche through which, to quote Fenichel,[3] 'man comes to inhibit the path of his own instincts, which promise him pleasure through their gratification'. I suggest that not only do actual experiences of this type provide the germ of anxiety as a danger signal, Freud's view of the trauma of birth, but also that the division of the psyche against itself in later screams (which I hope to demonstrate) provides the endo-psychic basis of all conflict. Ambivalence itself can exist without conflict in early infancy, in the sense that the infant can cry lustily one moment, red with rage, and suck happily the next, the moment the desired object appears. There seems no, or very little, *organisation*

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[1] Read *in absentia* before the International Psycho-Analytical Congress, Wiesbaden, September 7, 1932.

[2] S. Bernfeld: *The Psychology of the Infant*, 1929.

[3] O. Fenishel: *Hysterien u. Zwangsneurosen*, 1931, S. 8.

towards an object. But there are also times when screaming interferes with the satisfaction of even the hungry child. These situations, I think, form the primitive basis of true ambivalence, as of the super-ego and of all psychic conflict.

I. Primitive mentality is perforce largely moulded by the parent body. Instincts, we know, form the border-land between body and mind. We have further learnt from Freud that flight is of no avail against an instinct unless it has been projected into the external world. But physical flight also is impossible to an infant. How, on any basis of ontogenetic experience, can it play any part in infantile mentality? The infant can turn away his head, can expel from his mouth, can refuse to open it, can make movements of attack with hands and feet, though ineffectually. But his one powerful weapon in any situation of discomfort or danger, internal or external, is a scream. If it does not bring him the succour he needs, he uses it to keep at bay whosoever or whatever is unwelcome in actual presence, to discharge his own undesirable tensions, to attack at a distance those hated unseen powers who do not come to the relief of his instinctual needs. The most primitive of human reactions to danger is not flight but screaming.

II. Stern [4] says: 'Screaming, the child's strongest demonstration of life, has the greatest value as a significant means of expression'. Scupin (quoted by Bernfeld [5] and Stern [6]) gives a vivid description of a state of rage from this latter point of view. 'Bubi (five and a half months) was in his perambulator, and as we were busy reading he was left to his own devices to amuse himself with his toy; but this evidently did not suit him, the toy was thrown aside and the boy looked at us expectantly. Since we did not move, he began to argue the matter: "Tae, agga, atta—ave, mamm han". No result. Then he uttered short groans, drew up his body obstinately, threw himself suddenly forward, and, stiffening himself, fell back again directly, giving in these movements the impression of incredible wilfulness. As we did not yet respond, we suddenly heard a prolonged squeak on "ee", and there sat our son with a purple face and clenched fists, casting furious looks at us with his half-closed eyes, whilst he made mighty efforts to continue his hoarse never-ending "EE" squeaks!

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[4] Wilhelm Stern: *The Psychology of Early Childhood*, 1930, p. 69.

[5] S. Bernfeld: *Op. cit.* 1914, pp. 275–6.

[6] Wilhelm Stern: *Op. cit.* p. 77.

Then, when at last he was lifted out, quick as lightning his little face assumed an expression of contented gaiety and charming affection. The play of features was wonderfully varied and expressed plainly and unmistakeably the feelings mastering the child—anger, self-will, fear, defiance, disappointment '. ' (Seventh month.) The child became furious if an attempt was made to put him into a carriage when he wished to be carried. His face became flushed, he screeched hoarsely, and stubbornly stiffened his body so that it became almost impossible to sit him down '.

Here is an example taken from the later stages of the analysis of a five-year-old boy in the midst of his struggle with his earliest aggressive impulses connected with feeding. Terry does not answer a question I put to him, and immediately shews me what he, were he I, would do with such a child as himself. He takes a celluloid frog which always tells of his phallic desire to maintain a love-relation (the frog ' who would a-wooing go '), shows me its closed mouth (' It won't open, it won't open ', he says), takes the scissors and, crouching in the same position as the frog, digs the scissors into the frog's mouth. Quickly rising, for it is not safe to be the frog, he hurts his back sharply on the corner of his open drawer. He is again the frog, even in his effort to escape the rôle, and Terry's mouth is forced open by a howl, his body collapses on me. But as I hold him and he continues to shriek, he stiffens against my hands and is temporarily inaccessible to all interpretation. For another quick division of rôles has taken place ; he must not be both the super-ego (alias the strict parent) and the suffering frog ; if he has to be the frog-child, I must be the bad parent, and he arches his back in an effort to escape both me and the pain, identified cause and effect, and closes his ears against me. Momentarily it feels to him a phallic contest of sound—his screams must penetrate my ears more effectively than my words his ears. This incident was connected with the first unwelcome spoon-feeding during his early months of breast-feeding, and represented his own account of it.

Bennie, three years old, had a very violent attack of screaming on coming back into the treatment room after spilling water in the lavatory. I was not quick enough to prevent the acute fit of anxiety by interpretation. He was temporarily inaccessible to any interpretation and tried to run out of the room away from me. He told me later that he thought there was a man in the room going to shoot him. His scream was certainly intended to shoot *me*. He tried in this way to show himself stronger than the supposed man.

These examples [7] lead from the successful scream, ending in love and satisfaction, apparently unproductive of conflict, to the scream which does not accomplish even its secondary object, that of putting the enemy to flight or killing him. None take us to the extremes of baffled rage. No even approximately successful early analysis will provide us with examples. However, few of us are unfamiliar with them extra-analytically. But first let us pause on the note of contrast, already provided in Ferenczi's well-known work on the stages of infantile omnipotence.[8] A successful scream does put the infant, boy or girl, here identically equipped, in a position equal or even superior to that of the father or other rivals with regard to the mother or her substitute. It penetrates through closed doors to unmeasured distances, and is indeed the magic phallus—not of course that the child feels it to be either magical or a phallus in the first place, only later by force of comparison, when no longer at his disposal. It does obtain what the child desires, and from this aspect is a successful extension of the seeking and finding mouth. The unsuccessful cry which yet leads to a state of tolerable satisfaction brings independence and self-confidence. But the unsuccessful cry which is succeeded by no removal of disturbing or painful elements, no relief of tension, loses its primary quality of love, longing, search, hope for the good parent, and becomes a scream of rage with which to attack the bad parent. The discharge element is then of great importance. It is a violently aggressive effort to get the ' pain ' out of the infant or child and *into* the bad parent. An adult patient, struggling with acute mental and some physical discomfort which in a little child would unquestionably have provoked noisy crying, suddenly and angrily said ' I want to take all my pains and throw them at you '. The first effort seeks to overcome ' pain ' by love. The second uses hate, but retains an object who may still give some form of relief. The ambivalent struggle still exists. When this again accomplishes nothing, there succeeds a third state in which one can say the infant is scarcely more than an embodied scream, in which almost all object-relation is abandoned, the struggle of ambivalence is ended by the complete occlusion of love and desire for relief. The eyes are tightly closed—the infant is shut away in a world

[7] As a result of a discussion on this paper at a meeting of the British Psycho-Analytical Society, November 16, 1932, I have in this section made a few minor alterations, in the direction of greater clarity.

[8] S. Ferenczi: *Contributions to Psycho-Analysis.* ' Stages in the Development of the Sense of Reality,' 1916.

of his own—a world of horror, we cannot doubt. If he shews any awareness of the outer world of people, he screams the louder and seems to endeavour to shut himself the further away from it. His body is rigid, often with an arching of the back away from supporting hands. The face turns scarlet, purple, 'black'. There being no comfort left, the effort seems to be to drive everything out of the body *via* head and mouth. This effort failing, there is sometimes a reversal. The child, as if further enraged at this powerless rage itself, holds his breath and there is temporary silence; the climax of rage which is yet an anti-climax. All this time the child is completely inaccessible to all calming, comforting influences, and refuses the breast even where the original drive was that of hunger. Sometimes only a sharp smack, pain overcoming pain, seems effective in these crises to force back to the child's consciousness the fact of the existence both of his own body and of the bad parent of whom he has so effectually disposed. Bernfeld [9] points out that the most distressing feature for the infant is his powerlessness in such a state. But I think there is a very important addition to be made to such a statement. It is true with regard to real life; it is untrue with regard to psychic death. For the child in a blind rage *has*, as far as his own feelings are concerned, killed all that is good in his world, obliterated every trace of a good helpful parent. It is a situation which provides a basis in experience for belief in the *omnipotence* of infantile death-wishes, rather than in their powerlessness.

What is the usual [10] end of such screaming fits? The body-ego in its self-preservative function asserts itself, not against an external but against an internal foe; it is powerful by means of its weakness—the weakness of exhaustion. The screaming gradually ceases with many a sob and a temporary return to show that the storm has not dispersed. It seems to me important to note that the infant has not stopped screaming as a result of any real satisfaction. He has only stopped because his own body has refused to let him go on any longer; and this in the course of the strongest exertion of his own power he has ever known. It is the most profound division in the psyche. The body-ego, that very kernel of the ego, has reasserted itself at the expense of the id. The infant may many times before have wanted to do what he could not accomplish. But since any considerable

[9] *Op. cit.* p. 279.

[10] I have had no experience of, and therefore do not enter into consideration of, more pathological results, e.g. convulsions.

disappointment or failure to deal with instinctual tensions always issues into crying, we can be sure that the violent screaming fit ended only by exhaustion marks the most acute of early divisions of the self against the self. There seems to be sometimes a stronger identification of the self with the restraining body, productive, I think, of the inhibited type of child ; and sometimes a stronger identification with the scream ; but into the question of classification of types I must not now go. The important point at the moment is a further identification of the restraining body with all those other restraining bodies—of the parents and their substitutes—which have already often prevented and will again still more often prevent the infant from doing what he seeks to do. And this identification of a part of the self with restraining authority is connected with the most violently aggressive trends conceivable, and with an experience of the most acute discomfort and lack of satisfaction.

These then seem to be the conclusions to be emphasized :—

1. There is a division of the psyche in which one part, the body-ego, takes on the function of restraint of aggression in the most painful circumstances when external authority is of no avail.

2. The infant does actually experience the fact that his most aggressive attack upon his world is equally an attack upon himself, and an acutely unpleasant one. His screams, intended to attack the bad parent, do really rasp his own throat, nearly suffocate him and then exhaust him. I can conceive of no situation in actual experience more fitted to form the basis of the most sadistic type of super-ego and of profound belief in the law of talion punishment.

It seems of importance whether the return to cognizance of the external world takes place in isolation, in an actually unfriendly or frightened atmosphere, or with friendliness which can counteract the feeling that the world of love and happiness has really been annihilated. For one can hardly over-estimate the child's terror of his own most violent screams. I have seen a little boy, who was very severely inhibited in speech, running all round the room in an effort to escape or find a refuge from his own shrieks, which yet were very far from being actually those of unmixed spontaneous rage. Mary Chadwick [11] tells of a six-year-old boy, also with a very extensive speech inhibition,

[11] Mary Chadwick : 'Die Unterscheidung zwischen Ton u. Sprache in der frühen Kindheit.' *Zeitschrift für psychoanalytische Pädagogik*, II. 11–12, S. 382.

who covered his ears lest he should hear his own cough. This connected with screaming fits, from which he had been left to recover in isolation.

III. I will briefly indicate some of the later vicissitudes of the screaming instinct. The screaming fit, ended in actuality by fear and without satisfaction, is still dynamic in the psyche. In this it is of course no different from other traumatic situations ; Freud long ago made us familiar with the fact of fixations to such experiences. I suppose no one will question that the extremity of baffled rage and helplessness which I have described does indeed form an early traumatic situation.

1. *Active into Passive.*—This is identical with the change from sadism into masochism. Keeping to situations rather than to trends, it means being screamed at instead of screaming. Anxieties of both children and adults at the crying of babies are familiar enough. It is the boomerang return of their own never (psychically) completely silenced scream. Compare the two instances just given of children terrified of their own shrieks or coughs. The more disguised forms are perhaps less familiar. All later expressions of anger, in particular angry words, which in hysterical women of a very uncontrolled type can indeed issue into direct screaming [12], curses, even creaking furniture, can mean to child or adult the danger of this same boomerang return of their own scream, imbued with the same intensity of hate, the same death-wish content, the same absence of counteracting factors. The analyst's silence may mean not only ' dead ', but also ' too furious to speak '—the holding of the breath.

There is another interesting change in conversion symptoms from active into passive which is, I think, of importance ; although I hesitate whether to place it under this heading, under a separate one of ' imitative magic ', or under ' repression ', these different factors all playing their part. I have already mentioned the actual physical hurt which the child experiences from his own scream, and the closeness of identification with the hated object that this implies ; since what is intended to hurt the foe hurts the aggressor. I have reason to think that where this original close identification with a hated object persists, where the aggression of the scream becomes apparently entirely changed into physical suffering, according to the preponderance of the particular

[12] Many people have, of course, never ceased to scream, even obviously. The attempt to ' bind ' the scream by cathecting it with pleasure (libidinisation) is apparent in such phrases as ' screaming farce ', ' howling success ', ' shrieks of laughter ', etc.

sensation involved, rasping, bursting, suffocating, etc., we have a most potent factor in the various throat and breath affections, of which I will only specify two, tonsilitis and asthma. I do not want to generalize too hastily, for it is only recently that I have been aware of this determinant. But it is noticeable that Weiss in his paper on 'Die Psychoanalyse eines Falles nervösen Asthma' [13] not only enumerates various other important factors; e.g. anal erotism with the possibility of displacement to the respiratory tract, impotent protest connected with masochism, such as I have described, a strong fixation to the mother, here agreeing with Federn [14] as he also does in stressing the importance of smell and of the oral zone; but he specifically compares the patient suffering from attacks of asthma with a screaming child, red in the face at birth. It seems strange that he does not mention later attacks of screaming, which one can with certainty deduce in such a case. Hárnik, again, has connected fear of death with fear of suffocation and this with asthma, but without mentioning sensations approaching those of suffocation through holding the breath in screaming. Fenichel,[15] who paraphrases Weiss's description of the asthmatical attack as a '*Sehnsuchtschrei*', cry of longing for the mother, lays stress on the narcissistic identification with her.

Eben, the very inhibited boy of seven whom I have already mentioned, incapable of normal speech or learning, treated so far for twenty-six weeks, had had three or four attacks of asthma before he came to me. One of these was so severe that oxygen was administered. Except the first, which was rather asthmatic bronchitis, the result of a chill, these attacks of asthma occurred on a separation from one or both parents quite in line with Weiss's and Federn's cases. This boy's anxiety and his fixations to the first months of his life are so excessive that he frequently spends the greater part of the treatment hour lying on the couch, generally masturbating. Four times he has for a few seconds breathed very asthmatically, apparently purposely, as a threat: 'this is what I would do if . . .'. Each time it has had the same connection of separation from one of his parents. Each time it has ceased on interpretation of its connection with early screaming situations. He has lived in London for the last nine months, away

[13] Weiss: 'Die Psychoanalyse eines Falles nervösen Asthma', *Internationale Zeitschrift für Psychoanalyse*, Bd. VIII., S. 440.

[14] Federn: 'Beispiel von Libidoverschieburg während der Kur', *Internationale Zeitschrift für Psychoanalyse*, Bd. I., S. 303.

[15] *Op. cit.* p. 162.

from his father with the exception of holidays and his father's occasional visits to town ; and he left for home recently with his father and without his mother. He has had only one attack of asthma in this period. This was accompanied by sickness and kept him away from analysis for three days. It followed the second occasion on which, with some weeks' interval, he had ventured to turn on the water-tap and let some water overflow. The first time he had an attack of nettle-rash. His impressively uttered two words on his return, '*Hot water*', shewed he had understood the nettle-rash to be a punishment with burning hot water for his naughty activity with cold water. The asthma sequel was less completely masochistic, contained more of defiance, and on his return he managed not only to resume his water play, but also again to make some overflow—this time without any deterrent illness, but with much inhibiting anxiety. The partially releasing interpretation with regard to the asthma was of a struggle in his throat with the angry words of an angry mother, scolding him for being a bad dirty boy. It was only later from his own material—his loud shrieks in the room and efforts to run away from them, as well as from other analyses—that I was able to give the further interpretation of the struggle with the scream itself, of what he wanted to do with it to his mother, of what he then supposed she wanted to do with her angry words to him. The result was a further release.

Terry, a little boy of five, was expecting to end his not fully completed analysis with me in a fortnight. He developed sudden acute ear trouble, and had abscesses opened in both ears. He was away in the country for some weeks, very well and happy, and then returned to the scene of his trouble and to four weeks' more analysis. The second day, largely as a result of very insufficient clothing in unexpectedly cold weather, he developed a bad throat with a temperature of 102°. The doctor diagnosed a 'raging tonsillitis'. His mother agreed that he should be brought to me wrapped in blankets in a taxi. I had, since his previous illness, become aware of the significance of screaming—'piercing shrieks'—both for ear and throat trouble. Previous analytic work, in connection with his ambivalent attitude to me both on leaving and returning, had shown this to be a transference-repetition of early attitudes to his mother after he had had long screaming fits alone in the dark (cf. the anæsthetic given for his ear trouble). Therefore the whole of this hour's analysis turned on the importance of these screaming hates both for ears and throat. The next day he came to his analysis by bus and walking, temperature

down, as well as usual, except for a slight cold which soon cleared up.

The symptom of exhaustion or nervous debility needs further investigation in its connection with the exhaustion experienced after long screaming—the first temporary death of all wish-life, the feeling of complete emptiness. This, I think, is again understood by the child as a punishment for (or a direct result of) his own intensely aggressive wishes towards the body of the defaulting parent. It is perhaps well to emphasize that when we meet these symptoms in our patients they already have a long history which must be unravelled, and that I do not in any way deny the presence of factors with which we are more familiar : displacement to erotogenic zones, etc. I think, however, that the historically earliest and pathogenically most important is that of the most furious type of screaming, and it is to this neglected situation that I wish to direct attention in this paper. Omission of fuller reference to these other factors and to the work that has been done upon them is for the sake of simplicity.

I should like to connect this actual experience of exhaustion after intense aggression with Ernest Jones' theory of aphanisis. I must here content myself with quoting from his paper on ' Fear, Hate, and Guilt '.[16] Speaking of the importance of the infant's response to the primal traumatic situation and consequently to the Œdipus danger that later develops out of it, he says, ' The main conclusion of the present paper is that fear, hate and guilt can all be regarded as reactions to this primal situation, as means of coping with it. The fundamental problem is evidently how to sustain a high degree of libidinal tension without losing control of the situation. If the infant is so helpless as to stand in danger of the spontaneous aphanisis of exhaustion he will resort to desperate measures, and will then run the risk of oscillating between two unfavourable reactions. On the one hand, he may depend too much on the artificial aphanisis of inhibition, and this will in its turn bring with it loss of control over the disturbing wishes through losing possession of them, through disappearance of the wishes themselves. On the other hand, he may pursue the easier path of developing in an excessive degree the defensive reactions of fear, hate and guilt, the path leading surely to neurosis '. I think one could hardly have a clearer description of reactions to the fear of extreme exhaustion, physical and emotional, after violent screaming.

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[16] This JOURNAL, Vol. X., p. 397.

2. *Reversal of Content.*—This is evident in the genesis of the scream of rage itself. Love, or the desire for that which the child loves, changes into rage and hate. But there is very clear evidence that a second reversal sometimes takes place. There is an effort, often extraordinarily successful, to change hate into love, and particularly into highly sexualized love. This is the familiar path of reaction-formation, and like all reaction-formations, can only occur where there is a solid basis of the reactive tendency, beneath that reacted against, on which to build. For example, it is the intensity of desire and love activating the scream in the first place which makes possible the later effort to overcome with love the subsequent scream of intense rage and hate.

Terry had several times been left alone at night, and had had some very acute screaming fits. He made an extraordinarily complete reaction to them in a demonstratively affectionate attitude, though not in any obviously abnormal or unpleasant way. When he came to me at three years old he was a strikingly intelligent, 'normal' child, with only occasional aggressive outbursts. It required an extensive analysis before the anxiety of the situations of screaming rage and their aggressive hatred could be freed, and the solid basis of love of his mother released. One could hardly have suspected the extent to which this little boy's unusual grasp on reality and his highly genitalized love attitude had had to serve the purpose of denying his terrors when left alone and of preventing recurring solitariness. The hatred of his own body which refused to do what he wanted—continue screaming until his screams accomplished something tangible, bring his mother to him, or take him to her—the terror of his mother's body which he wanted to attack, indeed felt that he had attacked and exhausted, apparently changed into love of his own body (we have here an important source of narcissism), and of hers.[17] His demonstrative affection needed to supply him with constant proofs that he had not indeed harmed his mother's body, and that she did not wish to retaliate on him. I do not here refer in detail to his relation to his father. He tried to overcome hatred and rivalry in the Œdipus situation in the same way. Very important aspects of the whole Œdipus situation were (1) its intensification through this attempt to

[17] Fenichel's 'respiratory erotism' has, I think, a similar important source. Both Eben and Mary Chadwick's little boy were very musical. Singing is Eben's main sublimation.

deal with the early aggression by possession of the mother's body, and therefore by rivalry with her, with the father and with other children; (2) the consequent anxiety and attempts at complete repression because the hatred and feeling of impotence aroused in this competition meant the danger of a recurrence of that very screaming rage it was intended to overcome. That is, the rise and fall of the Œdipus situation both, in their most difficult aspects, arose from the same cause. Intensity of phallic desire as well as of castration anxiety were both conditioned by the repressed memories of screaming rage.

3. *Repression.*—I must here touch only the fringe of this vast subject, appearing already under the two previous headings. Its ramifications spread all through life. I think I have already made clear my belief that the suppression of the scream through physical exhaustion is the basis of the phenomenon of repression, as of internal conflict in general.[18]

A very important and interesting result of the abandonment of screaming is its return in other forms. So-called loss of bowel and bladder control, already attained, almost invariably supervenes with every possible quantitative variation. It has long been known—and Melanie Klein has shown us the connected phantasies with a wealth of detail—that fæces and urine become weapons of aggressive hatred. As with the first screams, I think they are first used to compel the attention of the mother or her substitute, an intermediate stage between love-gift and hate-weapon. I have been interested to see that Weiss,[19] in connecting asthmatic attacks with the scream of the baby red in the face at birth, suggested that there are other later forms of this same protest, e.g. acts of incontinence or retention. But he omitted any specific reference to the intermediate screaming fits.

4. *Inhibition.*—Where there has been long persistence of screaming, its complete disappearance is of serious portent, and, as far as my present experience goes, is only accomplished by a very extensive system of inhibition. I have already referred to Mary Chadwick's [20] speech-inhibited boy of six. The very severely inhibited little patient Melanie Klein describes in her paper 'Symbol-Formation in Ego-

[18] Cf. Melanie Klein: 'The earliest defence set up by the ego is directed against the subject's own sadism and the object attacked, both of these being regarded as sources of danger.' 'Symbol-Formation in Ego-Development,' This JOURNAL, Vol. XI., p. 3.

[19] Weiss: *Op. cit.*

[20] Mary Chadwick: *Op. cit.*

Development '[21] and my own older but in many ways similar patient Eben, already referred to here, both had severe speech inhibitions, and also showed extraordinary indifference where one might normally expect anxiety. For example, neither would make any outcry when he hurt himself. Eben tended to retreat further from situations in which it might arise. With him it became clear that the cause was anxiety lest there should be a recurrence of his fits of screaming, which were most marked at two years, and of his subsequent incontinencies, which had in their turn passed into reaction-formations of extreme cleanliness and tidiness. In order that I should remain a helping figure he had to want little of me; he shewed almost no pleasure in toys—confined his wishes to a piece of paper. Desire must be ineffective, indifference must rule, lest disappointment should lead to rage and screaming. He seemed at first rather a mechanical object than a boy. Not only are oral sublimations held up in this way, not only is there intense difficulty about experiencing any specific emotion, but there is often, as with Eben and many others, a displacement (? regression) from emotion to sensation, from head to other zones, and masturbation and phallic erections are of great frequency and accompanied by great anxiety. Much more remains to be said on this score.

To sum up, the main aim of this paper has been not only to show the traumatic nature of acute fits of screaming in infancy, but to indicate, however sketchily, ways in which the individual manner of dealing with it may determine the later path of psychic conflict.

We psycho-analysts have not yet exhausted the possibilities which Freud's wonderful discoveries open up for us. One of the most wonderful is surely the phenomenon of fixation, which is implicit in the whole of this paper. Here we have found how much libido may be fixated in early situations of screaming rage, that is, in the effort to deal with them satisfactorily. It seems that the human psyche never wholly abandons any situation of 'pain' (*Unlust*); never wholly moves forward until 'pain' has been changed into pleasure, until satisfaction of one type or another has been attained; is never entirely subject to pain, fear or threats. Some measure of satisfaction of the whole of the psyche alone sets free the psyche, as a whole, to move away from its infantile fixation-points.

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[21] Melanie Klein: This JOURNAL, Vol. XI., p. 38.

PSYCHOLOGIC CONSIDERATIONS IN ALCOHOLIC HALLUCINOSIS—CASTRATION AND DISMEMBERING MOTIVES (*Zerstückelungsmotiv*)[1]

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Introductory Remarks

The subtle influence of alcoholic intoxication on the sexual instincts of man has been known for centuries: in a vague way it has been expressed in the language and even in the poetry of many peoples. With the advent of a more far-going method of instinct study it has been possible to see more clearly the extent of this influence on the instinctual organization. Psycho-analytic studies have given us insight into the psycho-sexual and personality organization of the alcoholic. These studies point to the general conclusion that intoxication by alcohol serves to bring into clearer view the elements already present in the psycho-sexual organization of the drinker; it even seems likely that a special type of psycho-sexual organization must be present for an individual to become an alcoholic addict. Ferenczi, Freud, Juliusburger and others have pointed out the strong homosexual trends in alcoholics. Freud and Rado have indicated the strong oral libidinal tendencies in drinkers and Rado compares the satisfaction got by imbibing with the satisfaction the child gets by the ingestion of food (alimentary orgasm).

Although in the early phases of alcoholic intoxication there is often evident an expression of increased heterosexuality, in the later stages and during prolonged drinking the sexuality that comes to the surface differs from that which is ordinarily predominant in a given individual. We see this in the chronic tippler where heterosexual potency is affected and an otherwise latent homosexuality appears. Tausk and Kielholz have studied the symbols involved in the vivid symptomatology of delirium tremens. They found that the activity in the delirium is sometimes related to an aroused desire which cannot be satisfied; that the hallucinated animals have a phallic significance, and that anal

[1] This study is part of the programme of research on alcoholism of the Psychiatric Department, Bellevue Hospital, New York City.

trends and fears are often expressed in the hallucinations. The frequently observed alcoholic jealousy points again to the homosexual tendencies which find a distorted outlet through the projection mechanism. Freud has shown that the scolding voices in the alcoholic hallucinations are an expression of the super-ego which becomes the voice of conscience. The scolding voices are from persons of the same sex as the patient and in this we can see the close relation between the parent of the same sex and the super-ego formation. We can consider the voices in the hallucinosis as an expression of persecution both by the homosexual love objects which form the social part of the super-ego as well as by the love objects (parents) forming the personal super-ego—the voice of conscience.

In the hallucinations and delusions of alcoholic hallucinoses these attitudes of perverted sexuality are often to be seen directly or in a thinly disguised state. Persecutory trends deal with direct homosexual attacks or with fears of impotency ; auditory hallucinations deal directly with accusations of homosexuality, etc. : symbolizations as of weapons, guns, knives, stabbing, shooting, killing, etc., are common. In our material we have, with others, seen much in the way of symbolic and overt homosexual trends. What is less known but significant, is the occurrence of castration fear and a fear of being cut to pieces or mutilated (*Zerstückelungsmotiv*).

The psychodynamic studies of chronic alcoholics now available are certainly incomplete, and complete analyses of alcoholics are lacking. Even with these deficiencies made up it may be admitted that a solution of the problem of alcoholic hallucinosis probably may not be possible solely through study of the libidinal structure of the individual. There is no doubt that the toxic influence of alcohol affects the structure of the ego, and impairs the perceptual and synthesizing qualities of this organization at the time of the psychosis. Nevertheless, in the present study we deal chiefly with the libidinal structures of the patients. Since complete analysis was impossible our attempt is to study the alcoholic from a psycho-analytically-oriented standpoint rather than to make a complete analytic interpretation of the psychoses observed.

Our material comprises only clear cases of so-called acute alcoholic hallucinosis. The eleven cases represent but a fragment (although a true sample) of the alcoholic hallucinoses seen in the service, but since our attention was first attracted to the subject we have observed that cases of hallucinosis with castration elements are certainly not a rarity.

What determines the occurrence of the hallucinatory form of psychosis is unknown: It may be a special property of the alcohol used or a special individual disposition of the drinker. In either event, in the enormous alcoholic material at Bellevue Hospital it is astonishing to note that acute hallucinosis is common, whereas delirium tremens is infrequent and usually secondary to trauma or infection. For the three years 1928–1930 inclusive, the proportion of hallucinosis to delirium tremens was 4·05 to 1 respectively (1,966 cases hallucinosis—485 cases of delirium tremens). According to Meggendorfer the proportion in European Clinics of occurrence of hallucinosis and delirium is 1 to 4 respectively.

Although the usual alcoholic hallucinotic is open and outspoken, we have given some attention to the question whether a schizoid personality is a necessary background for the outbreak of an alcoholic hallucinosis. Bleuler and his school have pointed out the schizoid make-up in cases of alcoholic hallucinosis: he believes these cases (especially the chronic ones) to be schizophrenias in which the alcohol plays the rôle of a provocative factor. Wolfensberger and Pohlisch come to similar conclusions: The former conceives the hallucinotic psychosis as the reaction of a schizophrenic brain to alcoholic intoxication. Although no accurate measurements were made of bodily structure, our clinical impression was that no clear cases of pyknic habitus occurred in our series. Gregory in his discussion of alcoholism and schizophrenia has pointed to a group of individuals who, when they drink, develop hallucinotic psychosis with predominant homosexual colouring and whose affective reaction to the hallucinations is a little rigid. Gregory pointed out that many of these patients have had mild schizophrenic reactions for years without showing any noticeable difficulty in their social adjustments.

In our material we found one group in which the patients definitely did not show a schizoid make-up, and a second group where the schizoid personality was obvious or where there was even some reason to suspect the diagnosis of schizophrenia. In a third group were placed cases who showed toxic cloudiness in the foreground of the mental picture. All cases were excluded where the diagnosis of schizophrenia seemed more or less certain.

Material

The first group of cases were those without schizoid make-up, where recovery was rapid and complete and the patient regained the pre-psychotic integrity of his personality structure.

Case 1.—E.Mc., an Irishman of twenty-six; unmarried and a heavy drinker for some years. He had many male and some female friends but no sweethearts; he was sociable. He had regular heterosexual relations.

On October 8, 1930, he was admitted following an attempt at suicide. His drinking was climaxed by a period of nervousness and excitement in which he thought people wanted to kill him; he went to the house of a male friend and the voices that he heard became so threatening that he made a long gash in his neck in an attempt to escape the terrible fate that was being plotted for him. He was very excited, struck about violently, talked constantly in an agitated manner. He was constantly preoccupied with his hallucinations (the voices of several young men) and was apprehensive. He regarded his suicidal attempt without much emotion, and was without any insight into his persecutory delusions. He gave an account of the plan proposed to dismember and crush his body and to castrate him. Although the auditory hallucinations were in the foreground, occasionally the patient also saw black men on the ceiling who made faces at him.

Some of the pertinent parts of his productions follow: 'There are a bunch of fellows outside whispering and talking. They want to shoot me. They want the body and some girl wants to get the private parts. That girl said I made her pregnant, that's why she wants the privates. She wants the parts for curiosity. The men want to smash the body. They are going to kill me and bury the body. I hear them talking among themselves. They are specially interested in the private parts and want to take them out by operation. They said they were going to try to get me to suck them off. How's chances of getting away from here? I cut my throat because they were supposed to kill me'.

On recovery he said that the girl who he thought was going to take his genitals was unknown to him; sexual relations with her apparently never occurred.

Résumé.—We have here a young Irishman whose trends involve fears of being mutilated, dismembered and castrated. He reacted to these trends by cutting his throat with suicidal intent. One of the castrators was a woman. The fear of castration was the expression of his feeling that his heterosexual potency was weakening. At the same time there were indications of an unconscious wish to be a homosexual love-object. It is noteworthy that this patient attempted suicide in the manner he did—itself a symbolic castration gesture.

Case 2.—J.V.C., a forty-two-year-old business man, married but separated, was admitted April 11, 1931. He applied for admission voluntarily, saying that he had a lot of trouble at home and was drinking excessively. He had four previous admissions for alcoholism at various sanitaria. The patient had been a drinker for most of his life; soon after

he was married, eleven years ago, he reduced his drinking markedly. However, after his marital difficulties began and especially since he was legally separated, about a year before admission, he had been drinking heavily again. His brother stated that he frequently became morose and religious during the sprees. He was successful in his business life and was an intelligent, well-informed man. The sexual life had been normal; but according to the brother once during a drunken episode the patient brought a girl and a young man to his home at night, slept with the boy and the next day had some homosexual experiences with the boy.

On admission the patient was agitated; he had definite hallucinations, some apprehension. Physically he showed signs of alcoholism, dilated pupils, pallor, sweating, etc. He spoke of a plot to castrate him and during the period of hospital residence his trends were increased and elaborated. The patient heard voices talking about him. They were at first men's and then women's voices. The patient's productions were concerned with overt castration and homosexual elements. He said: 'I heard them say, "They are going to take his testicles. Why not remove his penis instead?" They tried to say I was a homo but I never done that. I believe that I have been traced in some love affair by my wife. I have been accused of Lesbianism, by which I mean relations other than the normal with the opposite sex.' Later patient enlarged his trends to include mutilation and at the same time including his brother in his paranoid ideas. 'You were part of the seizure of my brother. He disappeared on the way to Central Islip because I told him too much about Bellevue. I saw different people this morning dragged out with mutilated penises, they were cut apparently and bitten badly. My brother was transported to Central Islip and killed on the way with a shotgun. I was held on various charges of alcoholism and Lesbianism. They said they would have a police dog tear out my organs, while I am in a straight jacket. He is going to do it with his teeth. I don't intend to have my testicles burned without a trial. The irons are to be heated. That was a method suggested by one of the nurses. A woman will bite off the organs, I will be allowed to bleed a day, or else cut to pieces. I heard a woman say, "That lousy Lesbian did so and so to me." Another man said, "That lousy Lesbian killed my wife." A woman said, "No, Clark didn't." The voices said, "We will get you." They said I was a homosexual, a drunkard and disorderly. By Lesbian they mean tremendous intercourse in a normal way. I never did anything like that, at all. The operation they are going to do on me was proposed because of these Lesbian charges.'

Résumé.—This patient was a chronic alcoholic whose addiction decreased during an attempt at marital adjustment. Following a separation from his wife the alcoholism increased. Present psychosis showed ideas of persecution

by both men and women with ideas of mutilation, dismembering and castration. It is interesting that a dog was one of the castrators and that the castration was performed by biting. There were other castrators also. The brother was linked in the delusions on a homosexual basis.

Case 3.—J.B. An Irishman of thirty-two, unmarried, was admitted into the hospital July 31, 1931, following a prolonged drinking bout; he complained of hearing voices and of nervousness. He had had no previous hospital admissions. The patient said he had a normal sexual life. He never had any desire for cunnilingus or for homosexual activities. He became very indignant when examiner discussed this. He said, ' those things are against nature altogether. If any man tried anything on me, I would break his face.' His personality was of the breezy type; he spoke readily but was disinclined to discuss his sexual affairs.

In the psychosis the patient had many auditory hallucinations which were concerned directly with castration and homosexual motives. He was clear and discussed his trends readily. There was some apprehension. The patient said: ' They wanted to cut the noodles off of me. They said they wanted to keep the penis and cut the testicles off. It's an awful thing to call an Irishman a c—s. The other night they said, " John Barry, we'll cut him and then dump him in the river! " If they take your balls it is just like taking your heart out. I hear a lot of them saying " Faga Bolo, clear the way for the Irish Fusiliers." I hear them all—they are soldiers and they belong to a war-time regiment. They sing " Barry's a good-looking fellow, Barry was —— to death by women, it's a shame to shoot him." I thought they were going to cut me and make a fairy out of me. A man is no good then. There was a bunch of fellows and they said: " Let's take this —— out of the house." They were going to shoot me and cut me with an axe and throw me into a furnace.'

Résumé.—This patient was a young man who had made a satisfactory heterosexual adjustment, but under the influence of alcoholism developed a hallucinosis full of homosexual elements. Castration and dismembering fears were prominent and were associated with considerable affectivity. The delusion of being tortured and killed by many men (soldiers) was a mixture of dismembering fears and the representation of a passive homosexual attitude; the homosexual elements (soldiers with guns) were almost undisguised. The homosexual tendencies released by the psychosis led him back, in his associations, to the homosexual atmosphere of the army.

Case 4.—J. O'R., aged forty-two, a labourer, unmarried, and a heavy alcoholic for twenty years, was admitted on July 25, 1931. He had had seven admissions to the service for alcoholic psychosis. The patient was a happy, bright, pleasant personality: he had many male friends, most of them being drinking companions. His mood was usually one of elation when under the influence of alcohol. His sexual life began at seventeen.

Since then he had had regular intercourse—almost always with prostitutes and always when he had been drinking. When he was sober he would have relations with women friends at infrequent occasions. He had had several sweethearts, but was never intimate with them : he regarded them as virtuous, ' pure ' women. There never was any real desire or thought of getting married. Homosexuality was occasionally practised (the patient was the passive partner) when he drank. The patient was interested in sports, went to the theatre and lived a generally enjoyable life. His general health had been good except for a gradually developing muscular weakness in the legs during the year previous to present admission.

The patient was clear in his account of his trends : he regarded his mutilation experiences without much emotion. The experiences were recounted in retrospect since the hallucinations had cleared up within a few days after admission. He was somewhat euphoric. He described the hallucinations as if they were somewhat dream-like. The dismembering and castration motives clearly appear in the frank symbolism of the trends.

' I imagined different people were coming to see me. I talked to them but they are people who are all dead. I imagined they threw me off the roof of a thirteen-story building—they did it three times. Then they threw me into an incinerator and put me in head first. It was like a crematory : the smoke-stack of the crematory reached almost to the sky, the other part was only a few feet long and I could only get my head in. It was a terrible feeling. The reason they had the chimney so high was that the stench of the bodies could go up high. . . . Then they threw me into a manhole : it was full of gas. I went through it like a shot from a gun and shot out into the East River and swam to the other shore. A couple of fellows are behind all this. One fellow said they would cut my legs off at the knees and cut my head off and throw the parts into the river. One fellow drove a stake in the ground : they set fire to the stake and tied me to it. When the fire burned my feet three or four women rescued me. Another fellow said, " Let's pull his teeth out, all of them," and he had a pair of pincers. The others said to cut me into five pieces and throw me into the ocean. . . . One night a friend of mine accused me of insulting his sister by passing a remark about her being a prostitute. This fellow has no sisters, only he has four brothers. That was why they put me into the incinerator.'

The patient continued to be clear mentally but retained a vivid picture of his hallucinations. His neurological condition was one of disseminated lesions probably on an alcoholic basis. Pupillary changes, extraocular muscle defects, scanning speech, right facial weakness, ataxia in all extremities, dyssynergia, and posterior column signs were the physical findings : syphilis was ruled out by careful serological studies and there was no history of previous attacks or of remissions and exacerbations.

Résumé.—A confirmed alcoholic with previous hospital admissions for alcoholic psychosis developed an hallucinosis with mutilation and dismembering features: at the same time there were some anxiety symptoms present. The patient was of the extravert type: his psychosis cleared up rapidly without any residua in the mental sphere. His rather incomplete sexual life demonstrates the difficulties in heterosexual adjustment observed in many of these patients. The castration fear is here replaced completely by the fear of being dismembered. The homosexual background of this case cannot be doubted. The symbolization of the homosexuality in this case is better seen than in the others. It is possible that the dysæsthesias due to the spinal cord involvement formed the basis for the elaboration of his mutilation fears.

Case 5.—W.M., an Englishman, aged thirty, unmarried, a heavy drinker for years, was admitted on April 23, 1930, following an attempt at suicide by cutting his throat with a pair of scissors.

He said that he was being talked about by men and feared they would kill him. The past history revealed that he was a drinker for years but had never had a hospital admission. Sexual life started at the age of eighteen, he had had several sweethearts and had fairly regular sexual intercourse. Recently, following a sexual relation, he contracted pediculosis pubis. The alcoholic habit started during the war and he usually indulged in company. At times the patient was depressed and would drink for this reason also. His personality was open and frank in type. Recently he had been worrying somewhat because of his occasional masturbation. For some time the patient had complained of excessive perspiration of the feet.

In the hospital the patient was agitated and apprehensive in reaction to numerous auditory hallucinations. The voices talked about him and were going to dismember and mutilate him. The productions of the patient best show the various elements present in the trends.

'They were talking about me to a doctor to take my feet off. They said I was masturbating and it had to be done. The last place I was at they said I did it every minute of the night. I heard them say they were going to put me on the table and cut my hands and feet off. I don't mind it if they take my testicles out, at least one of them, because that would reduce the tendency to masturbate. I got disgusted—they were continually saying "He pulls his ——." People said I was going to be crippled and I wanted to cut my throat. I have a lot of irritation in the testicles: it is best to take them out. After I cut my throat the voices said, "He is not gone yet." They figured the only way to cure the condition would be to cut off the feet. They threatened to cut off the penis too. They figured it was the only way to stop it. I had the sensation in the back passage. The strain went down the vein into the

legs. It probably came from the penis, that's why they wanted to cut it off.'

Résumé.—This case is that of a young man who developed a persecutory hallucinosis due to alcohol, in which ideas of castration were prominent: at the same time ideas of mutilation were present which were directly related to the castration. His pubic pediculosis seemingly increased his castration fear, and the itching provoked a temptation to masturbate: in this way his early conflicts were brought to the surface. The castration motive, which is in the foreground, was then transposed to the part of the body that proved troublesome—the sweating feet—which were to be cut off in the psychosis. The movement from the castration motive to the dismembering motive can be followed in this case in the development of the hallucinosis. The early difficulties in the personality and the sexual life of the patient also are reflected in the particular formation of the hallucinosis.

Case 6.—A.G., a woman of thirty-nine, separated from her husband but living with a dock worker for many years. She worked as a charwoman, was a woman of very meagre education, and of low, undeveloped tastes. She lived most of her life near the river front. She was married at the age of fourteen and was soon deserted by her husband. Since that time she had lived a life of semi-prostitution and drank steadily: finally she went into a common-law relationship with a barge worker. She had often been admitted to the Bellevue Psychiatric Department for alcoholism. The present admission was on July 29, 1931, when, after a bout of drinking, she complained of seeing things and hearing voices.

In the hospital she was apprehensive and actively hallucinating. Physically she was toxic and somewhat dehydrated, obviously the result of alcohol. Contact was difficult with the patient: she was dull, deteriorated and probably of border-line intelligence. The patient stated that people were chasing her, trying to kill her with a rope, following her in the streets. She said:

'They say, "Put that chain on her neck. Throw her in the river." I thought I saw the wife of the man I once lived with in bed; she died six months ago. I was afraid of being killed. I hear them talk. They say they are going to kill me with knives: they will cut me up. Cut my legs off and cut my body in three pieces. They are going to put the pieces of the body behind my brothers' house: they are going to cut my stomach. They are men—a big crowd of them: all kinds, coloured and every kind.' The patient would not divulge her trends further.

The hallucinations gradually cleared up although the fear of being cut to pieces persisted for a week longer. The patient stated she drank because she got into bad company: her drinking started in some 'woman's house' (apparently a brothel).

Résumé.—A woman of thirty-nine with history of life-long drinking and several previous admissions for alcoholism developed a hallucinosis in which ideas of mutilation and cutting were prominent. With this, feelings of guilt appeared relative to her immoral life. Deeper analysis of the personality and of the psychosis was difficult because of the low intellectual level of the patient.

This second group of cases include those in which undeniable schizoid elements are present in the pre-psychotic personality of the patients. These psychoses lasted longer and shewed evidences in the psychosis of a further disintegration of personality and psycho-sexual organization than was found in the first group.

Case 7.—I.K., a Russian Jew, aged forty-two, unmarried, a factory worker earning a good wage. He had been a drinker for many years but, although he had shewn mental symptoms on several occasions, he had never been in hospital. He belonged to a large family and was the favourite of his father ; a sister, who appears in the psychotic trends, was a favourite of his mother. He left his home at an early age, moving to this country. Here he lived alone, with few friends (all of them men) and without contact with his family for many years. He described himself as a quiet bashful man. He had few interests and travelled about almost exclusively alone. For a few years he lived with his mother and sister but returned to his seclusive life. During these years he drank whenever he earned a little money and usually alone. For many years he practised masturbation : sexual life was very meagre, and his few heterosexual relationships were with prostitutes. He blamed his mother for not telling him of the evils of masturbation : he had continued this practice until just before the present admission. At one time the patient was engaged to marry a girl but did not carry out his intention : the reason given was that he did not earn enough money.

Several times the patient noticed that when he drank a lot he would hear voices : they always said the same things—they threatened to castrate him. Each time the hallucinosis cleared up without medical aid. On July 10, 1931, the patient was picked up by the police because of peculiar behaviour and his irrelevant explanations for his conduct. He told the police that his mother had performed an operation on him. On admission signs of alcoholism were present. He was somewhat rambling in his speech and emotionally a certain degree of rigidity was observed. At times he was evasive and a little negativistic. The delusions and hallucinations were of a frankly sexual type.

The patient said : ' My sister and mother put needles into me. They put needles in my scrotum ; they took the needles out and put them back again. I can hear them saying different things. They wanted to clear

me out. I dreamed about my mother at night. She said everything is dirty inside of me. I only hear her and my sister talking. My mother said she would clear me with a pin. . . . Last Sunday I was sitting on a park bench and a man who sat three benches away from me did it too. I don't see how it could happen. He put a pin inside of me and then took it out. All the people in the park were looking around to see where the noise was coming from. It was not loud and they thought it came from the chimneys of the factory near by. The man was cleaning inside my rectum and cutting things out. He cleared my penis with a pin too. I know that it happened. The voices kept talking and my mother said in Yiddish, " I will cut off the little thing and take the eggs out, they are of no use to you." Maybe she told the man to do it.'

Résumé.—A middle-aged Russian Jew, a life-long masturbator, in whom definite schizoid personality traits were present and who had developed repeated hallucinatory experience, was admitted with a hallucinatory psychosis. Castration complexes were present as well as homosexual and anal elements. The picture persisted for several months : resemblance to a paranoid schizophrenia was rather marked, but because of the course of the illness the vivid and characteristic hallucinations and the alcoholic history and later development of partial insight the diagnosis is that of alcoholic psychosis. In the psychosis the activity of the mother (and sister) with the pin in castrating the patient may symbolize for him an active homosexual mother, the pin representing the phallus. The mother, hence, is a male and the phantasy of wishing to be passive toward her in a male homosexual relationship is brought to expression in the hallucinations.

Case 8.—D.S., aged forty, male, of Irish extraction, unmarried, a periodic alcoholic, was admitted to the hospital on July 28, 1931. The history shewed that he had always been well physically but several years previously he had suffered from a mental illness of some kind following the death of his mother. In February, 1931, he had been admitted to the Psychiatric Department following a prolonged bout of drinking. He said people were going to cut his arms and legs off. The recovery from this psychosis was prompt.

Patient had always worked regularly and lived a quiet life. He had a few men friends, but was never intimate with any of them. He usually lived alone but he drank in company ; when he started he could not stop. Patient started his sexual life at the age of sixteen. For the past ten years or more he had heterosexual relations about six times a year. In recent times he had been more abstinent—going one year without relations. He said he always wanted to get married, wanted children and a home but was worried about making enough money. He had lately selected a girl whom he wanted to marry and was waiting for some insurance to fall due.

He also had been worried because he thought that his ' manhood ' had been lost for the past six months.

On admission the patient was excited, saying that he heard the voices of men who kept him awake at night, telling him they were plotting to castrate him and then kill him. His actions were in response to the hallucinations. He often ran to the window and doors shouting out; he spent many hours in the laboratory sheltering himself from his persecutors. At times he was suspicious, evasive and a little rigid in his attitude. He was somewhat impulsive and on two occasions struck patients without any adequate reason. Physically he was markedly toxic, had a rapid pulse, coated tongue, etc. On examination he freely spoke of voices.

The following productions shew the direction of the delusions—' I am losing my testicles and penis. There are a lot of men outside trying to get me. Probably they picked me out because I was not married and they figured there was no use for me. The voices are of two men, they say, " You are a c——s." I suppose they figure I am a well-built fellow. I have a large chest (breast) and a large backside. They wanted to get me when I was drunk and —— me. I felt a couple of jabs in the rectum when I was drunk. They were making the rectum bigger—opening it up. . . . I notice that my testicles have shortened and shrunk into my stomach. During the last year I noticed my penis is smaller too; it is dead. The whole business seems to be going into my stomach. There used to be seven inches now there are only two inches left. My breast and buttocks are getting bigger. They are trying to make a woman out of me.' The next day the patient said that the doctor had put some wire in his throat during the previous examination. Several days later patient appeared to be recovering, the hallucinations were diminishing. He said: ' I have a chance to live now. The fellows that were going to kill me are gone. The business about turning into a woman is all gone. My penis is like it used to be. It is about the usual size.'

Résumé.—A seclusive, quiet, withdrawn type with a definite schizoid personality make-up, who had several brief psychotic episodes (one was alcoholic). In the present one he developed hallucinations on an alcoholic basis, the outstanding elements of which were castration, anal and homosexual motives. For about a year previous to this attack he had subjective feelings of declining potency. In his psychosis he clearly shewed the assumption of a passive homosexual attitude by the disappearance of his genitalia and the accentuation of secondary characteristics suggesting those of a woman. His genitalia underwent a process of feminization. The homosexual tendencies are clearly seen; it was specially notable in the idea that the physician had put wire into his throat—a direct passive homosexual attitude. The rôle of castration as preliminary to feminization of the genitalia is seen in that the patient gave up the castration phantasies

later in the psychosis for more direct homosexual hallucinations. Although the patient lost his trends in a relatively short time the schizoid attitude remained evident. In this case then the patient was definitely a schizoid type with homosexual tendencies struggling to make an adjustment to a heterosexual life. His alcoholic excesses allowed the homosexuality to appear frankly in the psychosis.

Case 9.—A.W., a negro, age forty-two, unmarried. He was a periodic drinker. His general health was good. About a year earlier he had been admitted to the Psychiatric Service for acute alcoholism; he recovered from the psychosis promptly. The patient had been in the army during the war; he said that since that time he had been afraid and suspicious of people. He occasionally imagined people talked about him and were against him. He stated that he had these ' imaginations ' for a long time. However, he got along fairly well and made a fair social adjustment; he had friends of both sexes. His sexual life started at sixteen and was normally heterosexual. He stated that heterosexual relations were satisfactory to himself and his partner. The patient was admitted on July 16, 1931, following an episode of drinking; he had gone to the Veterans' Bureau, claiming protection because people on the street were trying to ' put him on the spot.' He was agitated, excited and physically in a toxic condition from the alcohol. The patient shewed some evidences of an inactive cerebral lues but none of general paresis. Patient reacted to his hallucinations; he said: ' I was trying to protect myself. I know an old lady, old enough to be my mother, she was in trouble and I took her in, fed her and bought her clothes, then she got people against me. I hear people say that I got the boy—go ahead and shoot. This woman wanted to live like man and wife and I wouldn't do it. She framed me up. She told people I was a c——s. Then she got the gang behind her. The voices are men and women's voices. Sometimes they were chasing me. . . . That fellow said, " s—— a woman, s—— a man." I hit him because I never did that. . . . The gang was after me and they said they were going to cut my testicles off. They said, " Catch him, put him in a car, cut him up alive. Torture him. Cutting off your testicles alive is pretty bad, ain't it ? " They claim they gave the secrets of the Boston Lodge away. The Python secrets and the K.P. Progressive Lodge of the Monarch Elks . . . 45, etc. They said I was going back on the Knights of Pythias . . . This woman is sixty-five years old, I treat her like a sister. I got her a pair of shoes and gave her money for a skirt, then she got drunk and called me names. I am no sucker. They are trying to frame me. I am a natural man. . . . I can hear them say it now—" shoot him, cut him, cut his foot off, cut his testicles off." '

Résumé.—Patient was a coloured man who had made a good heterosexual adjustment. After he entered the army he developed evidences

of a schizoid make-up; seclusive, suspicious. From then on he was probably mildly schizophrenic for long periods, but he was able to adjust himself well enough to keep the psychosis from being recognized. His drinking dated back to about this time also. The present outbreak was a hallucinosis containing castration and mutilation ideas. It is interesting to see that a woman of advanced years acts for him as the incitor of his persecutions, which contain frank homosexual elements. In all probability this has some relationship to an incest phantasy. The fear of mutilation was not quite so prominent in this case as was the more direct evidence of homosexual fear, i.e. the shooting and direct accusation of pennilingus and cunnilingus. The diagnosis of schizophrenia cannot be lightly dismissed in this case, but the general course and character of the psychosis do not favour this diagnosis.

The following two cases do not properly belong here, but they shew how the psychological mechanisms studied may come out even in psychoses with clouding of consciousness; in Case 10 the psychosis was alcoholic in etiology, whereas in Case 11 we deal with a condition due to drug intoxication.

Case 10.—C.M., a theatrical man, aged fifty, was admitted on December 11, 1929. He had been a chronic drinker for years, having had several previous admissions to mental hospitals, once due to delirium tremens. He had been divorced from his wife for several years previous to admission. He would become suspicious and somewhat brutal with his wife when drunk. His admission was preceded by a bout of drinking lasting about two weeks. He was talkative, restless, continually arranging his clothes; he was disoriented and alternately euphoric and lachrymose. Physically he shewed signs of toxicity, dilated pupils, coated tongue, tremors, tender calves, muco-purulent infection of the nasopharynx.

In the ward the patient was apprehensive, suspicious and a little excited; his speech a bit flighty. He expressed vivid auditory and visual hallucinations of varying type. He had some disorders of perception with clouding and misinterpretations. The patient said:

'I was upstairs at the shooting last night. It must have been gunmen with revolvers. There were three men and a woman . . . one man was chained and a girl had a knife . . . another fellow came up with a bad cut—a bad shot—a wound.' The patient continued to be excited, apprehensive and required restraint. He pulled a negro patient out of bed during the night. He described his action by saying, 'Now listen, you know you are giving me the "works". I don't like the niggers mixing in with the white sex . . . that nigger in the bed there (empty bed) was put there by you—he was like a wife lying there . . . it was a man made up like a woman. I was accused last night of killing these negro people.'

The patient continued his psychotic behaviour for several days but there was a change in his delusions and hallucinations. About four days after admission he said that men are changed into women and that they admired his ' big organ ' and wanted him to introduce it into a ' bisexual ' figure. He said :

' They had dogs in here and were playing with them, in the natural way. They wanted me to go down on the dogs or the dogs to go down on me. The dogs got on two Italians and loved them and used all kinds of dirty names to them . . . it was awful. All the men in the place are sailors. They get the dogs to masturbate and the doctor . . . the boys. Yesterday that man's partner spoke to me about miracles, he said, " Oh, that joyful feeling of a man's ——." They are all acting their parts, it can't be real.'

Résumé.—An acute hallucinosis in a cloudy setting with confabulations and misinterpretations. The symbolic homosexual elements that were present early in the psychosis later changed to anal and perverse elements. The structure of the psychosis was not entirely clear. The occurrence of sexual tendencies not present in his pre-psychotic personality came out clearly even with the disordered preception of the clouded consciousness.

Case 11.—J.W., age thirty-seven, chauffeur, American born, was admitted on June 5, 1931. He had been married happily for the past seventeen years. The patient was a cheerful, outspoken person, sociable and usually open. He had always been well until about six years ago when he had numerous stomach and heart complaints, none of which had any organic basis. About a year before admission he began taking luminal and bromides, continuing this practice almost daily. He had been drinking also for some time. Just prior to admission he talked irrationally at home, said people were talking about him and plotting to kill him ; became excited, violent and unmanageable. In hospital he was restless, apprehensive and markedly unstable emotionally. Physically he was under-nourished and dehydrated : skin was dry and seborrhœic ; a few nystagmoid jerks in the lateral plane ; reflexes diminished.

The patient was actively hallucinating on admission. He said that someone was shooting his brains to pieces. He was a little irrelevant and confused, and excited about his trends. He said, ' The negro with a hat-pin in his ears, that's for you. They sunk this boat out here and I survived it. The nurse walked here last night and said, " Where's Wallace ? He hasn't gone yet." I slept last night through a bed of rats. I wasn't afraid, but I kept shifting. They were going to crack my skull. They got a coloured fellow with a razor. There might be a castration, I wouldn't be surprised. I don't want to go in there because they have tonsil forceps and teeth forceps. There's that bell, it means they are ready. These rats would get . . . into my intestines very easily, through the middle and through the rectum. I always led a decent life. See that chandelier,

it is going to be driven into my face. I heard the nurse say last night, " Too bad, they are trying to knife my boy ". . . . I saw a glass apparatus that they hang on to your heart. The glass is wound around and around all night, and then the wiring is hooked on the roof and they fling the body out of the window. There are plenty of rats around looking for bodies. They were very busy last night and they threw twenty bodies out. They torture me ; I don't want to be crucified. I know what the programme is for to-day, they are going to break my skull '.

Résumé.—This case is that of a toxic psychosis with a paranoid hallucinatory trend, clouded consciousness and a toxic state on the basis of prolonged use of bromides and luminal ; alcohol was a factor of lesser importance. The trends elaborated by fabrications and misinterpretations were all of an anal-sadistic type ; there were numerous references to mutilation, dismembering, crushing, etc. There were also indications of a homosexual tendency. There was nothing noteworthy in the patient's history regarding personality and psycho-sexual development ; his adjustment was normally heterosexual.

Discussion

In ten cases of alcohol hallucinosis and in one case of a toxic psychosis due to drugs we found expressions of castration and dismembering motives in the foreground of the clinical picture. These castration and dismembering motives were closely connected with homosexual and anal trends. Since circumstances did not allow psycho-analytic investigation of the patients it is impossible to say whether these motives played an important part in the individual's psyche, or whether they were created by the toxic influence of the alcohol. However, from our knowledge of the personality and psycho-sexual organization of alcoholics it is probable that these motives express in the psychosis those psycho-sexual elements already present in the make-up of most alcoholics. Many of our cases shew signs of sexual maladjustment prior to the alcoholism, although there was no manifest homosexuality to be found. (Cases 2, 4, 5, 6, 7, 8 and 10.)

It is easy to reconstruct the complete content of the motives coming out in the various psychoses. The patient feared to be castrated and to be used afterwards as a woman. In the manifest content of the psychosis it is a fear which is based on the hallucinations and delusions. The persecutors were chiefly (in male patients) other men, soldiers drinking companions and the like, who undoubtedly formed part of the patient's environment previous to the psychosis ; his choice of these associations was influenced by his latent homosexual tendencies.

In case 7 the persecutors were the mother and the sister equipped with a symbolic male phallus. In the only female case of our series the conditions are less clear.

According to the experiences of Schilder the castration complex in female psychotics may appear in a different way; thus they may entertain a fear of losing body cavities by occlusion or by extirpation of the cavity organs, as the uterus: the presence of these cavities makes it possible to receive things into the body. In the case observed by him of an alcoholic psychosis in a woman there was a fear of being cut open; the castration motive had passed into the more general motive of being cut to pieces or of being dismembered. We know that the castration motive is built up at different levels and that at its most primitive level it is represented by the fear of losing the entire body—the body as a unit. The loss of parts of the body (dismembering) and then of the whole is accompanied by the fear of complete loss of the capacity for sexual sensation (aphanisis—Ernest Jones). In all of our cases this dismembering motive (*Zerstückelungsmotiv*) dominated the scene. Apparently the patients, with their unconscious homosexual tendencies, in striving toward heterosexuality became disturbed by the threatened loss of it and in response developed fears of the loss of their sexual organs, parts of the body, or of the entire body. It should be remembered that the libido invests narcissistically every part of the body as well as the whole. Case 5 illustrates this point: the patient's fear of losing his feet is included in the direct castration fear. In this patient recent trouble with his feet had focused narcissistic attention on that part. Consequently the feet were invested with a portion of the castration motive.

But possibly this retrogression from the castration to the dismembering motive is aided by the fact that castration would provide possibilities for passive homosexual satisfaction—a possibility which the alcoholic cannot admit. The feeling of guilt which arises does not allow these perverse desires to be satisfied (anal tendencies play an important part as in Cases 7 and 8). The individual, through his guilt feeling, transfers his fears from the sexual parts (in the castration complex) to the rest of the body and therefore he fears for the integrity of the whole body (dismembering complex). Then, because of the death threats which are contained in the persecutory projections, the patient suffers; in this way masochistic tendencies are fulfilled. With these death threats the final destruction of the body is reached and the conscience is satisfied. We also see here that the libidinal ten-

dencies move in the direction of self-destructive tendencies. The latter are in connection with and under the influence of super-ego. The super-ego inflicts the suffering (is it because of the homosexuality ; because of the drinking ; or aimed towards the destruction of the ego ?). At the same time the ego and the super-ego in the psycho-analytical sense are still partially preserved and they defend themselves against these dangers by projecting the castration and dismembering motives to their persecutors. In this way the ego maintains an intact body and is not subject to a primitive homosexuality and a sadistic conscience —both tendencies tending to destroy the ego. It is indeed remarkable that in our material the self-destructive tendencies to auto-castration are expressed (in two patients, Cases 1 and 5) as suicidal attempts to cut the throat.

Conclusions

1. In patients with alcoholic hallucinosis one often finds in their life-history evidences of difficulty in making a heterosexual adjustment.

2. In the symptomatology of the alcoholic hallucinosis castration and dismembering motives, anal and homosexual tendencies, appear overtly or as thinly disguised symbolism in the manifest content of the psychosis. The projection of these tendencies is due to a preserving function of the ego.

3. The voices in the hallucinosis represent the conscience and are based specifically on homosexual identification.

4. It is probable that the motives expressed in the hallucinations were present in the personality of the individual before he started drinking and were in some way brought to the surface by the alcohol.

5. Suicidal attempts can be regarded as the expression of a tendency to self-castration and self-dismembering.

6. Although we did not find castration or dismembering motives, anal or homosexual trends in hallucinations of every case of acute alcoholic hallucinosis, still there are definite hints that these complexes play an important part in every case ; we believe them to be basic for the alcoholic hallucinosis.

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SOME UNCONSCIOUS MECHANISMS IN PATHOLOGICAL SEXUALITY AND THEIR RELATION TO NORMAL SEXUAL ACTIVITY [1]

BY

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It was psycho-analysis which first did full justice to the part played by sexuality in the mental life of mankind, and moreover recognized the importance of sexual activity for the psychic equilibrium of a healthy human being. Further, psycho-analysis discovered the significance of sexuality in the etiology of the neuroses and proceeded to describe the manifold elaborations and transformations which it undergoes, to investigate the inhibitions and maldevelopments from which it may suffer and to open the way for their cure. But psycho-analysis has occupied itself to a comparatively small extent with the psychological problems of normal sexual activity; in particular, it has not discussed the question whether other factors besides the libidinal ones act as a stimulus. Ferenczi alone has approached this problem and has tried to prove it from the ' bio-analytical ' standpoint.[2]

In the following paper I propose to consider, on the basis of certain clinical analytical material, whether, besides the wish for libidinal gratification, there are other psychic factors which constitute an incentive to sexual activity. This material is selected from the cases of several patients whose sexual activities were apparently uninhibited, but in the course of analysis were found to be of an obsessional character, the unconscious motives for which we were able to discover. The analysis of these patients revealed that the libidinal factors (which I shall not discuss in detail here) received a secondary reinforcement through anxiety, the sense of guilt and aggression. I found that these factors represented a powerful incitement to sexual activity and that, when analysis succeeded in breaking them down, the patient was able to abandon such activity in so far as it was excessive and obsessional. Perhaps these pathological findings may also throw some light on the phenomenon of normal sexual activity.

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[1] Based on a paper read at a meeting of the German Psycho-Analytical Society, November 18, 1930.

[2] *Versuch einer Genitaltheorie.* Internationaler Psychoanalytischer Verlag, 1923.

A twenty-four-year-old schizophrenic patient,[3] who suffered from delusions of persecution and from affective apathy and had almost entirely given up any emotional relations with those around him, had had numerous sexual experiences from his early childhood and, from his sixteenth year, had very frequently found occasion for heterosexual coitus and more rarely also for homosexual intercourse. At the beginning of his analysis he told me, proudly and complacently, that the girls all ran after him and that he could have coitus with any of them that he chose. But, after he had been analysed for some time, he began to feel that this frequent sexual intercourse was excessive and complained particularly that he felt obliged to perform coitus if a woman challenged him to it, even indirectly.

As a child he had imagined his parents' intercourse to be something harmful and disgusting. He thought that in coitus they were destroying one another and he attributed to their sexual relations an illness from which his father suffered. When he grew up, his view of sexual intercourse had hardly altered, as was very evident in the transference-situation. Analysis shewed that one reason for his frequent coitus with different partners was that he intended to destroy himself as his father had been destroyed. This tendency was thoroughly characteristic of him. His need for punishment urged him to become ill, base, inferior, as his father had been ; nevertheless, he also had to try to do better than the latter. For instance, he triumphantly emphasized the fact that, in spite of frequent exposure to infection, he had escaped venereal disease. Unconsciously he expected to be castrated by his sexual partner (as he believed his father to have been castrated by his mother) but this very anxiety proved to act as a spur to frequent sexual intercourse, for it impelled him to find in real life the refutation of his fears.[4]

In two other cases which I have analysed ideas of a danger attaching to coitus acted in a similar way as an incitement to increased sexual activity. Nevertheless, it seems to be more common for the anxiety

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[3] A more detailed account of the analysis of this patient, whom I have called X, will be found in my article entitled : ' A Contribution to the Psychology of Persecutory Ideas and Delusions ', this JOURNAL, Vol. XII, 1931.

[4] Cf. M. N. Searl : ' The Flight to Reality ', this JOURNAL, Vol. X, 1929 ; M. Klein : ' Adult Psychology in the Light of Child-Analysis '. Lectures given in London, 1927.

to bring about sexual inhibition. It is probable, however, that a certain amount of anxiety is at work even in persons who practise coitus normally. When patients whose sexual activity was previously excessive or inhibited are enabled by analysis to practise normal intercourse, the anxiety associated with coitus has been lessened, but not entirely removed. Since a sadistic conception of coitus plays a part in the mental life of every human being, we must assume that for everyone, even those who are normal, coitus is associated with anxiety, though the degree in which it is present may vary enormously. How comes it then that, normally, the pleasure experienced in coitus is so little impaired by anxiety ?

What exactly is the origin of this pleasure ? Freud explains it as the result of the sudden cessation of sexual tension (of somatic origin) [5] ; just as in his view all pleasure consists in the diminution and all pain in the increase of the excitation present in the psyche.[6] Associated with the excitation which in virtue of the erotogenicity of the somatic ' sources of instinct ' gets passed on by the physical to the mental apparatus for discharge,[7] there is probably another, secondary excitation which likewise finds its outlet in orgasm : namely, a psychogenic tension connected with the anxiety-ideas that accompany coitus. The discharge of tension provided by orgasm would be a proof that the fears were unfounded and this escape from anxiety might enhance the sexual pleasure. This is in agreement with Ferenczi's idea that coitus begins as a form of self-castration, but contents itself with the emission of the secretion.[8] The dread of being castrated by the woman impels the man rather to castrate himself ; but, since all that he surrenders in ejaculation is the semen, his anxiety is assuaged. We may suppose that this is how the process of coitus, *originally purely physiological* (though accompanied by libidinal phantasies), comes to be *secondarily* associated with anxiety-ideas and to serve as a *means of mastering anxiety*. When this is successfully done the libidinal gratification is enhanced. The process would be analogous to the mechanism of wit, as described by Freud [9] ; but, while in wit there is escape from

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[5] Freud : *Drei Abhandlungen zur Sexualtheorie.*

[6] Freud : *Beyond the Pleasure Principle.*

[7] Freud : ' The Instincts and their Vicissitudes ' (1915), *Collected Papers*, Vol. IV.

[8] Ferenczi : *Versuch einer Genitaltheorie*, p. 40.

[9] Freud : *Der Witz und seine Beziehung zum Unbewussten.*

inhibition, in orgasm there is escape from anxiety, and this greater gain produces a correspondingly greater pleasure. The diminution of excitation (pleasure) is more powerfully felt when it has been preceded by a heightening of excitation (pain, anxiety). That is to say: in favourable circumstances the subject can derive increased pleasure from initial pain.[10] (In support of this view, I may also cite the fact that a patient who suffered from an intense degree of acute anxiety compared its sudden cessation with sexual orgasm.) If this supposition is right we might explain the anxiety of the actual neuroses as due to the accumulation of anxiety during sexual activity, which, since orgasm is absent, finds no opportunity for normal discharge.

Let us now leave these more speculative assumptions and return to our clinical observations.

The association of *sadistic ideas* with sexual activity seems likewise to be universal; in all my patients I have found the idea of injuring the sexual partner, both by homosexual and by heterosexual intercourse. Melanie Klein has emphasized [11] that coitus is always conceived as a gratification not merely of the libidinal but also of the sadistic instincts, and she views this as an important cause of impotence. Boehm [12] has drawn attention to the sadistic tendencies in male homosexuality, and Jones [13] to the same tendencies in the homosexual activity of women. Dr. Boehm has pointed out to me that with homosexuals the word *schwächen* [to weaken] is used to denote mutual masturbation.

According to my observations, coitus is conceived by the man not

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[10] The process of obtaining pleasure from a release from anxiety is probably a common one; we see it very plainly when people listen to uncanny stories, etc. Sometimes, however, the initial anxiety seems not to become conscious as such at all, but is merely experienced as ' tension ', as, for example, when we are reading. But if it is too acute and exceeds a certain degree, it is perceived as anxiety. M. Klein holds that the conversion of anxiety into pleasure is a fundamental mechanism in children's play. (' Adult Psychology in the Light of Child-Analysis '.)

[11] M. Klein: ' Adult Psychology in the Light of Child-Analysis ' (lectures) and ' The Importance of Symbol-Formation in the Development of the Ego ', this JOURNAL, Vol. XI, 1930.

[12] Boehm: ' Beiträge zur Psychologie der Homosexualität ', *Internationale Zeitschrift für Psychoanalyse*, Bd. XII, 1926.

[13] Jones: ' The Early Development of Female Sexuality ', this JOURNAL, Vol. VIII, 1927.

merely as an injury done to the woman, but also, in accordance with the Œdipus complex, as an *attack on the father*. X was the patient in whom I saw this process most clearly : every activity in relation to me which was a substitute for coitus gave rise to the most intense anxiety in him ; he had the feeling that he had defiled me or injured me in some way. But, every time, there appeared soon after this reaction dread of my husband or of some other father-imago. He had the idea that the only way to separate his parents and obtain dominion over his mother was to have coitus with her. Similarly, he was driven to have intercourse with his mistress daily, from the dread that otherwise she would become unfaithful to him.

It appears, however, that sexual intercourse evokes dread of the father not merely because the subject has stolen the mother from him, but also because, in a deeper mental stratum, coitus signifies an attack on the father's penis hidden in the woman.[14] X always came to me on a motor cycle and in his analysis accounts of everything that had happened to the cycle on the way played a considerable part. Once he told me, with marked anxiety, that, in making haste to reach me, he had grazed a car ; afterwards he felt as if he were bleeding (though in reality he was not hurt) and he was afraid he might get into trouble over the collision. The ride to me represented coitus with the mother (street = vagina) and the collision with the car stood for the combat with the father's penis during coitus.[15] The motor-cycle represented his own penis (small in comparison with the car, the father's penis).[16] On other occasions, too, his castration-anxiety manifested itself in fears connected with his cycle (it might be stolen or get damaged while he was riding it, and so on).

Boehm has drawn attention to the phantasy that the father's penis has to be combated in the mother's vagina ; in his work on transvestism

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[14] In women I have observed in an analogous way that coitus is conceived as an attack on the mother. It is imagined that the man's penis has been stolen from the mother's body.

[15] It is interesting to compare this with Abraham's interpretation of the encounter between Œdipus and his father in a narrow pass (' Rescue and Murder of the Father in Neurotic Phantasies ', this JOURNAL, Vol. III, 1922). Abraham takes this encounter to represent the battle with the father *for* the mother's genital (narrow pass = female genital). But I think that it is rather a battle *in* the mother's genital.

[16] Cf. : the sexual-symbolical significance of the cycle in Klein's article : ' Infant Analysis ', this JOURNAL, Vol. VII, 1926.

he pointed out that male homosexuals wish to encounter in coitus the penis of another man in the woman—as he added in a later work (loc. cit.), ' in order to destroy it '. Now if coitus represents the battle with the father's hidden penis, the act is conceived as a *means of destroying that penis*; this idea, on account of the anxiety associated with it, might lead to impotence on the one hand, but, on the other, it might constitute a compulsive impulse to coitus, for the dread of the father's penis represents a motive for destroying it (by coitus).

This process is plainly evident in primitive man. Freud's explanation of the taboo of virginity is [17] that the first coitus with the woman is regarded by her as an injury and the man avoids it in order to escape her vengeance. Sybille Yates has suggested [18] that the virgin is unconsciously thought of as the father's property and that the first coitus is, out of dread of the father, left to a father-imago. It may well be that a further reason for the taboo of virginity lies in the dread of the father's penis concealed in the woman. Thus, in the legend of the poison-maiden [19] we find the idea that the first coitus with a virgin is dangerous because a snake crawls out of her vagina and kills the man. Therefore another man is bribed with presents to run this risk and perform the first coitus. The maiden is thus dangerous because hidden in her there is the snake, i.e. the father's penis. We may perhaps conjecture that it is the hymen which is equated with that hidden penis (as Boehm has shewn about the pessary, op. cit.). Amongst the Kamchadal a widow has to be freed from ' sin ' by coitus with a stranger in order to abolish her former marital relationship. The material adduced by S. Yates makes it plain that this ' sin ' signifies the penis of the first husband, which is presumed to be hidden in her and which is destroyed by coitus.

In one of my child-analyses, too, I observed that sexual assaults on the woman represented at the same time a hostile onslaught on the father's penis. I had a patient named Willy, eight and a half years old, who was brought for analysis because of his habit of stealing and certain abnormal character-traits. He developed unusually strong aggressive tendencies, and a lack of shame in sexual matters and of

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[17] Freud: ' The Taboo of Virginity ' (1918), *Collected Papers*, Vol. IV.

[18] S. Yates: ' An Investigation of the Psychological Factors in Virginity and Ritual Defloration ', this JOURNAL, Vol. XI, 1930.

[19] W. Hertz: ' Die Sage von dem Giftmädchen ', *Gesammelte Abhandlungen*, 1905.

inhibition in various directions, and he repeatedly wanted to see or attack my genital. These assaults were usually preceded by a symbolical attempt to destroy his father's penis. For example, he once tried in a state of intense agitation to extinguish the glowing electric radiator by spitting on it ; then he suddenly ran out of the room and, when I followed him, attacked me and wanted to see my genital. I explained that previously he had tried to destroy his father's penis (the electric radiator) by urinating (spitting), and that because of this he now felt afraid of his father ; he thought the latter's penis was hidden in my genital (as in his mother's) and wanted to destroy it in order to escape injury by it. After this interpretation he became calm, gave up his sexual assaults and followed me without any more trouble into the consulting-room. He behaved in a similar way if I happened to have been speaking to someone before we began his analysis (he always construed such conversation as sexual intercourse), or when he had to go at the end of the hour. He assumed that I engaged in some sexual activity with the next patient, who represented to him a father-imago, and so he did all he could to prevent his coming into my room. Usually he only made up his mind to go after having damaged or carried off some object which symbolized the father's penis (thus on one occasion he had broken the points of all the pencils he could lay hands on), or else he struck at my breasts as he went. To strike, push, spit or shoot at my breasts or my genital signified an attack on his father's penis, which he assumed to be hidden in me, but these actions were also a substitute for coitus. By having coitus with me he hoped to prevent my having sexual intercourse with anyone else (the father), just as he was reluctant to go because he wanted to stop anyone else from coming to me.

It is possible that in homosexual anal activity also the idea of the father's penis hidden in the *anus* of the partner (as well as in the subject's own anus) may play some part.[20] Willy said once : ' Everyone has got a bear in his behind ' (the father's penis). This phantasy was one reason why he constantly tried to make anal attacks on me, turn the light on my anus, etc., and was also the basis of certain anal games which he played with a friend and which he reproduced in the transference by his attacks on me. But he also wanted *me* to look at *his* anus—in order to free him from his father's penis, which he assumed

[20] I have found that similar ideas constitute an incentive to homosexual activity in women also.

to be hidden there. Similar ideas influenced him in getting his friend to stimulate his anus manually in various ways.

We know that the sense of guilt is the cause of various disturbances in sexual activity : in many cases, however, it does not produce an inhibition but intensifies the impulse. Melanie Klein has shown that feelings of anxiety, guilt and inferiority often constitute a considerable reinforcement of the craving for love and the desire for sexual intercourse, for the patient tries to find in reality a refutation of the feeling of inferiority which arises from his sense of guilt.[21]

I think that there is a still more specific connection between the sense of guilt and sexual activity. The patient whom I mentioned earlier in this paper could not part from his mistress because he was afraid that he might not find another ; but at the same time he maintained an affair with another girl, in order that, if he did have to part from the first, he should still have someone. Every act of coitus gave him the assurance of possessing her and was a proof of his potency. His belief that all the girls ran after him was a help against his remarkably strong sense of inferiority. Actually he did not care much for his mistress, but the mere idea of being without a ' settled ' lover filled him with intolerable anxiety. This was analogous to the dread that his parents might cast him off and that I might break off the treatment. His intense dread of having no sexual intercourse was a form of the dread of loss of love and had its origin in his dread of starvation. He equated coitus with eating ; he had calculated that, if the worst came to the worst, he could manage with coitus only once or twice a week, just as, if he were only able to get food once or twice a week, he still would not need to starve. But eating also had a deeper significance for him : it represented the restoration of his destroyed body and genital, and a protection against the bad, introjected objects, just as he looked on analysis too as a restorative process. Coitus was thus not merely a refutation of his sense of inferiority : it was also the *restoration of his damaged* body and penis.[22]

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[21] Klein : ' Adult Psychology in the Light of Child-Analysis '.

[22] There is a superstition that coitus with a pure virgin or the drinking of a woman's milk is a cure for venereal disease and a preventive against old age, and indeed a remedy against disease in general. In folk-lore sexual intercourse is often equated with eating. Boccaccio and other writers frequently speak of coitus as a ' remedy ' ; similarly children expect caresses to allay pain.

Another patient whose sexual activity was of a compulsive nature was a very infantile girl of fifteen, Ruth, who came for analysis because of her habit of stealing and pathological lying and of her very difficult character. She was notably lacking in all relation to reality and in analysis she showed at first no response whatever to my interpretations. But after a time she suddenly asked me about the ' funny things ' I had said, and declared that it was only from my interpretations that she knew of the existence of the sexual parts and of excrement.[23] At the same time she showed the first signs of anxiety and emotion, and then she brought out her conflicts.

Her ignorance about the sexual organs and processes, which formed the basis for her denial of reality, enabled her to deny also the anxiety and aggression associated with those processes. Because of the hatred she felt for her copulating parents and their genitals, these had become objects of anxiety, and to escape the anxiety she denied their existence. In denying the existence of sexuality, the cause of her hostility to her parents, she was also able to deny her aggressive tendencies (which, however, reasserted themselves in her asocial behaviour). Her conception of sexuality was highly sadistic: for instance, she was convinced that in menstruation, which she believed to be the result of coitus, women bled to death (although the real facts had been explained to her even before her analysis). Her anxiety focused itself on the idea that she had an abnormal and dirty genital—hence she would not look at it, i.e. she attempted to deny its existence altogether. Her repression manifested itself further when, later in the analysis, she often expressed her wonder as to how I knew the terms for matters connected with sex, how I dared utter them, whether I would do so in church, whether I had ever looked at my excrement and my genital, and so on.

As a result of her strong sexual repression she did not in analysis remember sexual activities, but acted them out in her behaviour.

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[23] I do not think that this was conscious hypocrisy on Ruth's part (though no doubt one motive of her remarks was to prove to me that I had corrupted her); it was rather a case of not knowing, or, more accurately, not wishing to know. This behaviour was closely bound up with her attitude to things in general, which was characterized by a certain dissociation and a very extensive denial of reality. I have given a more detailed account of Ruth's analysis in two papers entitled: ' Intellektuelle Hemmung und Aggression ', *Zeitschrift für psychoanalytische Pädagogik*, 1930, and ' Psychoanalytisches zur Menstruation ', *ibid.*, 1931.

Several times she urged me to masturbate her and assumed the appropriate position. Often she ran out of the room, went into the bathroom and called out through the door that she had been afraid of my assaulting her sexually, after which she again urged me to masturbate her. The strong anxiety which was associated for her with sexuality drove her into wanting to experiment in sexual intercourse in reality, in order to see whether she would be injured, as she phantasied that her mother had been. This was why she urged me to masturbate her, although at the same time her anxiety made her run out of the room.

The actions which followed this demand of hers were substitute-actions for mutual onanism and showed clearly the motives underlying her repeated requests. Once, immediately after she had gone to the bathroom and begged me to masturbate her, she asked for face-cream because my ' horrid soap ' had spoilt her skin. Another time, after she had wanted to be seduced in the previous analytical session, she began to sew her dress and begged me to help her. Whilst sewing, she asked me to make the stitches very carefully, so that they would not be seen, reproached me with pushing and pulling her, was afraid that I would spoil her dress and that the woman with her (a mother-imago) would surprise her in the act of sewing, that at home they would disapprove of the alteration in her frock, etc. Our sewing together was an equivalent for mutual masturbation ; hence her anxiety lest she should be surprised in the act, lest they should disapprove at home, lest the stitches might be seen. I was to help her to make her frock (her body) right again by sewing (masturbation) ; just as she asked me for face-cream as a substitute for masturbation. It was also a substitute for sweets, for which she kept on begging me. Ruth was unusually greedy and had a very sweet tooth. She ate in order to allay her very deep dread of starvation and also to restore her body. So, for instance, she wanted fruit-bonbons, because they were ' so wholesome '. Once she gave as the reason for her wish that I should see her naked that otherwise I could not know whether her genital was abnormal or not : thus looking at it and masturbating it were to put it right again.

At the same time she had a sadistic conception of masturbation (she reproached me with pushing and pulling her, was afraid that I might spoil her frock, my ' horrid soap ' [fæces] had made her skin rough, and so on). These fears were the projection of her own sadistic attitude ; she wanted to get power over me by our mutual masturbation, to degrade me morally and to destroy me physically.

But just as she expected to be made whole again if I masturbated her, so masturbation was also an expression of her *restitution-tendencies towards me.* Owing to her very strong ambivalence she constantly alternated in the transference between the normal Œdipus attitude and the homosexual attitude. And the latter signified not merely the avoidance of rivalry and aggression, but also restitution for the aggression bound up with the normal Œdipus attitude, for she was restoring to me in symbolic form the objects stolen from her mother (the father's penis and the children).[24] Once, for instance, in a particularly affectionate mood she wanted me, as a substitute for masturbation, to say after her certain ' funny long words ' ; another time she put a stick into the hand of a small figure of a woman. Or she would copy a picture of a house, adding, however, a chimney to it, or draw flowers, cut pictures of flowers and ships out of one of her books and give them to me, put into a toy-cart first a little man and then various animals, and so on. Whilst doing these things, she would constantly look up at me, to see if I were pleased. In her analysis ' funny long words ', just like ships, always signified the father's penis ; she presented this to me when she gave me the ' long words ' and the ships, or gave the woman a stick, added a chimney to the house (a mother-symbol), or put the little man in the cart. When she gave me flowers or put animals in the cart she was giving me children. At the same time, however, these actions signified restitution for corresponding tendencies against her mother, which manifested themselves particularly in stealing.

Ruth's exhibitionistic and scoptophilic tendencies were also employed to allay her anxiety. She wanted me to look at her genital to make sure that it was normal, and she wanted to see me naked in order to convince herself that my body had not been injured (by her aggression, by the dangerous coitus with her father). With other patients also I have found that viewing and exhibiting the body (both the subject's own and that of the other person) meant the assurance in each case that it was uninjured,[25] an opportunity for comparison and for

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[24] Cf. Klein : ' Early Stages of the Œdipus Conflict ', this JOURNAL, Vol. IX, 1928.

[25] Beryl, aged two and a half, wanted to look at my breasts ; she said : ' I want to see if you have got them to-day '. Similarly, she always wanted to know if I had got my necklace on. This was an object that she often took away from me and, if I had no jewellery (breasts), her anxiety was aroused lest she had taken it away.

proving that the subject's own genital was as large as, or larger than, the partner's, etc. On the one hand, looking is thought of as an attack and feared as such, and, on the other, it is felt as a caress, a restoration and appeasement. On one occasion Willy exhibited his penis quite without embarassment, saying : ' Look what a fine fiddle I've got '. His exhibition of himself was preceded by representations of highly sadistic sexual actions and was intended to reassure me that his *penis was not dangerous* and did no harm, but was ' a fine fiddle ', i.e. was something fine and did good things.

Elli was a precocious girl of twelve and a half, with a rather impudent expression. She came for analysis on account of hysterical trance-states, crying-fits and anxiety. Her attitude towards boys was peculiar. She had affairs with a great many boys, but never went very far in these ; she was never long in dropping one friendship for a new one, which, in its turn, lasted but a short time. At the beginning of her treatment she told me about these affairs with signs of an uneasy conscience but with marked pleasure, but after a certain amount of analysis she began to feel that there was something compulsive about them. Her excessive flirting was closely connected with a strong craving for finery : boys and clothes were her only interests.

It appeared that this behaviour had succeeded a previous phase of obsessional washing. She had the feeling that she was ' filthy ' and that she might be verminous or pregnant. She also had great difficulties about eating ; she was afraid the food might be dirty or unappetizing and she avoided looking at other people eating in case she might see something unappetizing (for instance, her father might blow his nose). These fears were the expression of her stifled wish to devour her parents' excrement and her father's penis. For the same reason she took care not to look when her parents went to the water-closet. She had the following screen-memory of her childhood : a man had given her some chocolate on the stairs, but she would not eat it in case it was poisoned. This recollection emerged in connection with stories of attempts at seduction to which she had been exposed. The stairs had repeatedly been a scene of sexual activities for her. We found that dread of the father's introjected penis—which she also equated with excrement (the poisoned chocolates)—was the cause of various hysterical sensations, e.g. a hammering and knocking in her head. The feeling that she was filthy, covered with vermin or pregnant had its origin in the fear of being injured and defiled by the incorporated penis

and excrement.[26] From time to time she suffered from hysterical vomiting, which represented an attempt to free herself from the introjected objects. Formerly she overcame her dread that she was dirty and that there was something wrong with her body (that she had been injured by the introjected objects = excrement) by obsessional washing, later on by her craving for finery and her relations with boys. She spent hours before the looking-glass in order to see whether she was all right. She could not endure wearing an old frock because it made her feel so ' filthy ', and she would declare that the dress was dirty and looked as if it had come off a rubbish-heap, etc. After a few weeks, often even a few days, she felt that a frock was ' old '. The ' new frock ', which was a substitute for good food (the mother's breast, the good penis), helped her to get her body right, was a protection against the introjected objects. But soon—on account of her strong ambivalence—it took on the significance of excrement and then it injured her. Similarly, eating was for her a token of love, but it easily became equated with excrement (' unappetizing ') and then it made her vomit.

The same mechanism was evident in her relations with boys.[27] When a boy loved her, it proved that she was not ' filthy ', etc. But soon she began to view her friend not as an ally, but as an aggressor, whereupon she dropped him and then had to look round for a new protector. This frequent changing of her object-relations was above all caused by anxiety and aggression.[28] As the analysis went on and her

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[26] Melanie Klein has found that pregnancy is equated with the introjection of the penis: the child may assume the significance of the ' bad ' penis, the dangerous excrement. (Personal communication).

[27] In his ' Short Study of the Development of the Libido ' (*Selected Papers*, London, 1927), Abraham pointed out the significance of ' psychological metabolism ', namely, that the taking-up of an object-relation is equated with the taking of food and giving it up with defecation. This relation was particularly clear in Elli's analysis, but with her it was chiefly the act of *vomiting* which represented the ejection of the objects.

[28] In a paper entitled: ' The Problem of the Monogamous Ideal ', (this JOURNAL, Vol. IX, 1928) Karen Horney shows how the constant search after new love-objects is due to the impossibility of re-discovering in any single love-object all the imagos which operate in the subject's unconscious. In Elli this process was intensified by her anxiety. Every object which did not completely fulfil her expectations (because she could

aggressive impulses (especially against males) defined themselves more clearly, her behaviour attained an obsessional pitch, so that in quite a short time (about a week) she made assignations with something like ten boys, but either did not go at all or only once. Simultaneously, her masculine attitude manifested itself still more clearly; she took delight in joining in fights, liked to box, wanted to ride, etc. Her aggressive impulses expressed themselves also in her behaviour to these boys; on the one hand she first gave them hopes and then disappointed them; on the other hand she was 'faithless' to each friend in turn, thereby seeking to avenge herself not only on that particular boy, but also on her father. In doing this she liked to imagine, for example, that the boy might commit suicide because she did not love him.

Sexuality was bound up in her mind with very sadistic ideas. One of her typical dreams was as follows: 'My mother threw an old, blind man out of the door and down the stairs. She was on the stairs with a friend, when a man came and raped and murdered the friend'. This dream shows her sadistic conception of coitus: the mother castrates the father, the father murders the mother. In her conscious mind, too, Elli equated 'seduction' with 'murder'.

She feared that she might be killed or injured in coitus, because in her own sexual attitude her aggressive impulses broke through and she wanted to castrate the man in coitus. This appears clearly in the following dream: 'A man called out, "I have lost my eyes, I have lost my eyes," and pursued her as if she had put them out. He shot away one of her eyes, then she was run over by a motor and dust got into the other eye, so that she lost it too'. The loss of the eyes is her punishment for having castrated the man; the shooting away of her eye and being run over represent coitus. Thus she is *injured in coitus*—as a *punishment for her aggression against the man.*

At the beginning of her analysis she had various dreams of being bound and murdered by Red Indians. But, later on, she had the following dream: 'She herself was an Indian woman, very savage and feared by everyone. She went to a house, kidnapped a handsome boy and put him in a pit. She went every day to kidnap a boy and put them all together in the pit; then she took out the most beautiful of them and had him put to death'. In giving her associations to this

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not transfer to it enough of her beloved imagos to satisfy her) became to her mind a 'bad' object, and the dread of it then drove her to find fresh ones.

dream she mentioned that that day she had had a paralysing feeling of anxiety at school, ' as if she were going to be punished and killed '. Being put to death or murdered was thus the punishment for her aggressive tendencies towards men.

Murder (the anal-sadistic instinctual aim) took the place of seduction (the genital instinctual aim) ; but the regression in aim was a consequence of *regression in her own attitude* to the love-object. The anxiety which she associated with sexual intercourse prevented the development of a feminine attitude, for she was compelled after a short time to break off every relation with a boy in which she felt happy, because she feared he might seduce her.

On the other hand, however, this anxiety also acted as a *spur* to sexual intercourse. To explain her curious behaviour with boys she gave me the following motives (apart from that of revenge) : she wanted to know ' what happens ' and she was afraid ' that, if she refused to make a rendezvous with a man, he might murder her '. ' To see what happens ' meant to try whether coitus was really as dangerous as she imagined. However, her excessive anxiety prevented her relations from ever amounting to anything serious.

The dread of being murdered by a man, which took a prominent place in her analysis, was, as I have tried to show, the punishment for her aggressive impulses against men. She had to appear to make an assignation and play the woman's part, so that the man should not murder her,[29] that is to say, she had to over-compensate her castration-wishes, a process described by Joan Riviere in a paper entitled : ' Womanliness as a Masquerade '.[30] A very clear instance of this mechanism was her getting one young man to accompany her because

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[29] In the discussion which followed this paper, Frau Dr. Horney told the following dream of a female patient : ' She was lying in bed with a man and felt herself snug and safe '. She was by no means in love with this man, as might be supposed. On the contrary, analysis revealed that he had repeatedly hurt her feelings and that she had a strong aggressive impulse against him. Thus, the situation in the dream was intended to placate him.

Boccaccio tells (*Decameron*, The Fifth Day, The Eighth Tale) how a coy maiden was induced by the following experience to accept a suitor's wooing : she had a vision of how, after death, a girl who had refused a suitor was constantly being hounded to death by the disappointed lover. It was thus dread of the man's revenge which made her accept the feminine rôle.

[30] This JOURNAL, Vol. X, 1929.

she was afraid of being attacked by another. Here there was a dissociation ; both men were father-imagos and the one with whom she played the woman's part was to protect her against the other, whom she hated and whose attacks she feared. One of the main reasons for her inordinate flirting was that she hoped thereby to attach to herself boys who would protect her from her father, to whom she had a highly ambivalent attitude and whom she feared.

Analysis revealed that Elli's curious sexual behaviour was governed by the following mechanism : she could only maintain a normal feminine attitude for a short time because she feared that her mother or her teacher would disapprove of it, or that she was taking another girl's friend away from her and making her miserable. She would then assert that she really cared nothing for him and was only making a fool of him. That is to say, *her dread of her mother caused her to regress to the phallic phase.* The rivalry with men which this attitude entailed and the aggression against them which expressed itself in her provocative behaviour with boys reawakened in their turn her dread of men and forced her ostensibly to adopt the passive rôle in order to appease them. She was compelled to break off so quickly every relation with a boy, because, in the first place, dread of her mother made it impossible to maintain the feminine attitude, and then her dread of men made it equally impossible to keep up the active attitude belonging to the phallic phase. The effect of the second of these fears was either to drive her to adopt a homosexual attitude which, however, she soon had to give up in its turn, because of her strongly ambivalent feelings for her mother and her dread of her father as a rival, or else (more commonly) it impelled her to find another boy, with whom thereupon the whole story was repeated.

The analysis of the patient X showed that sexual intercourse was also a means of satisfying his *restitution-tendencies.* This patient stated that he would like to leave his mistress, but could not do so because, for his sake, she had procured an abortion. All his sense of guilt focused itself on this because, as analysis showed, it signified the realization of all his aggressive tendencies against his mother. He considered, too, that his mistress had been permanently injured by it, although there were no real grounds for supposing so. His sadistic wishes in relation to his mother, the phantasy of stealing from her body his father's penis, her excrement and children,[31] had apparently been

[31] Klein : ' Early Stages of the Œdipus Conflict ', this JOURNAL, Vol. IX, 1928.

realized when it was decided that she must undergo hysterectomy. At that time he was in his fourth year and his reaction to this highly significant event was to develop a paranoid attitude and delusions of persecution. In his fifth year he engaged, in a seemingly compulsive way, in sexual activities with various little girls, just as, when he was grown up, sexual intercourse with different girls became a compulsive pursuit with him. Up to a certain point his sexual activities helped him to overcome his ideas of persecution, for he was making restitution thereby for the former aggressive impulses which, by a process of projection, had given rise to his delusion.[32] In the transference-situation he often overcame his dread of me by adopting what appeared to be a heterosexual attitude towards me.[33] The purpose of this was to cover up, over-compensate and libidinize the anxiety and aggressive impulses in relation to women which his attitude of rivalry with them occasioned. To a great extent his ostensible heterosexual activity was simulated in order to conceal homosexuality and rivalry, a process analogous to that in women which Joan Riviere describes in her paper entitled : ' Womanliness as a Masquerade '. He was trying to *appease the woman by coitus* : (*a*) through his denial of rivalry with her, and (*b*) through his attempt to repair his injury of her. For it appeared that he associated with coitus the idea of restoring to the woman the contents of her body, which, in the attitude of rivalry, he had taken from her. Thus he tried by frequent coitus to make reparation to his mistress for the abortion to which he had instigated her and which in his unconscious represented the repetition of the hysterectomy performed on his mother and the realization of all his sadistic wishes against her. Any sexual advances on the part of a woman meant for him a demand that he should restore to her the stolen contents of her body. In a similar way he also suffered acute anxiety lest I or some other woman should ' seduce ' him (steal the contents of his body) : he therefore felt impelled, rather than this, to surrender them voluntarily

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[32] In my paper entitled ' A Contribution to the Psychology of Persecutory Ideas and Delusions ' (this JOURNAL, Vol. XII, 1931) I tried to show that, with X, the persecutory ideas sprang from the projection of his aggressive impulses, which at times were associated with the homosexual and at times with the heterosexual attitude.

[33] Thus sexual wishes in relation to me often enabled him to cover up his dread of me, whilst on the contrary the true heterosexual impulses originating in the Œdipus attitude evoked anxiety.

in coitus. This was the principal source of his obsessional impulse towards sexual intercourse.

In the course of his analysis X's mistress underwent a second abortion, but he reacted on this occasion with much less anxiety. However, he conceived the obsessional idea that, to compensate her, he must give up to her his cigar shop.[34] In the unconscious this shop represented his own body. The dread of being robbed of the contents of his body had become largely displaced on to a fear that his shop might be burgled and all its contents taken ; whilst decorating the shop represented the restoration of his body after destruction and therefore helped to allay his anxiety.

To Miss Ella Sharpe I am indebted for a communication which bears out this view of sexual activity : a certain patient, on leaving her, took away a match-box by mistake, and then felt a compulsion to visit a prostitute. Analysis showed that the match-box taken from his analyst represented the mother's womb with its phantasied contents and that in coitus he was restoring what he had stolen.

A lover, and especially a woman in love, feels coitus to be a ' surrender ', a ' giving of oneself '. From the analytical standpoint we may add that it is not a case merely of ' giving ', but of ' giving back ' what has been stolen in the subject's phantasy from the parent of the opposite sex. In actual fact the man does give the woman something in sexual intercourse, namely, the semen. As Ferenczi puts it,[35] in coitus the sperm returns to the womb in actual fact, the penis does so temporarily, and the man himself goes back to it in hallucination. Taking this in conjunction with the clinical material that I have described, we may perhaps assume that the restitution-tendencies make use psychically of the temporary incorporation of the penis and the actual surrender of the semen. This and the possible impregnation of the woman constitute a restitution for the original sadistic tendencies against the mother, which aimed at robbing her of the father's penis, of her children and her excrement.[36] It is probable also that in this

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[34] He felt that it was his duty to find a husband for his mistress on leaving her, ' because the abortion was his fault '.

[35] *Versuch einer Genitaltheorie.*

[36] It appears that even the normal identification of the subject with the parent of the same sex is partly conditioned by similar restitution-tendencies : the lover fills the place, for the woman, of the ' good father ', of whom he wished to rob his own mother. One patient of mine thought

restitution-tendency we have one root of the man's wish to give the woman children.[37] Perhaps one reason for his disappointment when she is frigid is that, if he cannot satisfy her, he fails to consummate his restitution-tendencies.[38]

If we assume that sexual activity is motivated not merely by the primary biological and libidinal factors, but also by anxiety and the sense of guilt, it follows that such activity does not merely gratify the sexual instinct itself (the impulses of the id), but is also employed by the super-ego, as Sachs has shown to be the case in the perversions.[39] He demonstrated that a component instinct becomes a perversion when the ego assigns to it an exceptional position as a pleasure-aim, in order to secure it as an ally in the struggle for repression. In other words, the super-ego employs the perversions just as I am inclined to assume that it employs genital sexual activity. But here we must emphasize the same point which Sachs has stressed in the case of the perversions, namely, that the *primary* motive for sexual activity is of course the pursuit of *sexual pleasure*, relief from sexual tension of physical origin : it is only *secondarily* that sexual activity serves the purposes of the super-ego.

Let us now consider whether non-sexual mechanisms play a similar part in the normal instinctual activities of defecation and urination and in onanism as in genital sexual activity.

The aggressive significance of defecation has been pointed out by Abraham above all [40] ; on the other hand, we know that fæces are also conceived of as a love-gift. Now it seems to me that, in the unconscious, the giving up of the fæces often signifies a *giving back* of objects stolen in phantasy. For example, on one occasion Ruth wanted to see what

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that she must possess all her mother's good qualities, so that, when she separated her parents and took her mother's place, she would be able to compensate her father for the loss of her mother.

[37] This applies similarly to the woman ; she gives the man her body, affords him gratification and presents him with children.

[38] In the discussion which followed this paper Frau Dr. Horney pointed out that these factors also affect the subject's capacity to tolerate sexual abstinence. For instance, if the restitution-tendencies and the need for relief from anxiety find a fair measure of satisfaction in non-sexual directions, it is easier to do without sexual activity.

[39] Sachs : ' Zur Genese der Perversion ', *Internationale Zeitschrift für Psychoanalyse*, Bd. IX, 1923.

[40] ' A Short Study of the Development of the Libido ', *Selected Papers*.

was in my handbag, then opened a parcel lying in the waiting-room, and thereupon immediately had to go to the water-closet and defecate. In her analysis the wish to see the contents of my bag, of a drawer, etc., represented symbolically her wish to become acquainted with the contents of the mother's womb. These wishes were, moreover, always associated with aggressive tendencies which expressed themselves in stealing. In defecating, she restored what she had stolen.

Willy, who stole everything that he could lay hands on but always immediately lost it, was remarkably greedy and had unusually frequent and large motions of the bowels. Analysis revealed the following reasons for this abnormally frequent defecation: (1) It represented a *proof* of his *potency*. He regarded his father as the 'big pot' ['*grosse Scheisser*', from *scheissen* = to defecate]. (2) It had an *aggressive significance* and was accompanied by death-wishes against his parents. For weeks on end he repeated in great pleasurable excitement, when he came back from the water-closet: 'R.101 crashed and was burnt up'. This disaster represented in his mind the realisation of the 'explosion' which he was constantly trying to produce and which signified the destruction of his parents during intercourse and, later on, of the whole of mankind. (3) He felt that defecation *freed* him from the excrement which he equated with *dangerous introjected objects*, just as he would lose an object which he had stolen (= introjected) and then called 'bad', 'muck'. He had an extraordinary dread of his own excreta,[41] asserting that anything that touched them would instantly be spoilt and, although he was in other things entirely uninhibited he was very much afraid of touching his excreta himself. (4) By defecating he *restored* to his mother the contents of her body, of which in phantasy he had robbed her. The way in which he chiefly acted out his sadistic phantasies against his mother's body was by stealing: by defecating, losing objects, etc., he endeavoured to make restitution.[42] On observing pregnancy in a certain woman he reacted with an intensification of this anal attitude. During this period he continually used anal expressions and in his behaviour in analysis enacted in the most various ways anal assaults meant for the pregnant woman (child = fæces). At the same time he displayed violent anxiety and kept on going off to defecate.

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[41] Cf. Klein: 'The Importance of Symbol-Formation in the Development of the Ego', this JOURNAL, Vol. XI, 1930.

[42] Cf. the interpretation of the *grumus merdæ* in Freud's 'History of an Infantile Neurosis', (1918), *Collected Papers*, Vol. III.

In doing so, he was giving back to the mother the excrement stolen from her in phantasy, and thus he allayed his anxiety.

This accelerated physiological metabolism (increase in the amount of food consumed and in defecation) was accompanied by an accelerated ' psychosexual metabolism ' [43] (the taking-up and dropping of object-relations, the stealing and losing of articles). Because of Willy's strong ambivalence any article soon came to represent to him the ' bad ' object, fæces, from which he must free himself by losing it. Losing was a substitute for defecation and was similarly determined. He tried to combat the dreaded introjected object by introjecting new objects—above all by eating and stealing. But these in their turn soon became fæces, so that he was impelled to free himself from them and combat them. Here we have an analogous mechanism to that which drove Elli constantly to change her friendships ; in her case, however, the good and bad objects were chiefly represented by *people*, whereas for Willy—who was still on the level of partial object-relationships—it was mainly *things* and *eatables* which came to signify those objects.

In little Beryl, who came for analysis at the age of two and a half, I found the same unconscious determinants of defecation at work. She defecated four or five times a day and often dirtied herself ; she had never yet been clean. In a fairly short time the analysis of her phantasies enabled her to make this adaptation and led to her defecating with normal frequency. But further analysis was necessary before defecation assumed for her the libidinal significance normal in children of her age. In contrast, however, to Willy, whose frequent defecation was associated with an extraordinary greed for food (his anxiety impelling him to keep on taking in new objects), Beryl suffered from a peculiarly obstinate inhibition in eating—she was *hindered* by anxiety from taking in new objects. In the case of another neurotic boy, aged eight, defecation was accompanied by phantasies of a similar unconscious content to Willy's, and he, like Willy, was impelled by them to defecate frequently. In another patient the inhibition of these phantasies (which was principally caused by the inhibition of the aggression present in them) proved to be the main cause of constipation.

During the analytic hour Willy used also frequently to urinate in my room, especially on the divan. At first it seemed as if this behaviour was simply wilful, but soon it became clear that it was obsessional, for

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[43] Abraham : ' A Short Study of the Development of the Libido ', *Selected Papers*.

he tried to suppress it, but was unable to do so.[44] His urination had in the first place an *aggressive* significance. He wanted to prevent me from having my next patient with me (which signified the primal scene to him), and this was why he specially chose the divan to urinate on. In the same way, in the primal scene, he wanted to submerge and drown his parents with his urine,[45] just as he often tried to bring about a flood in the bathroom in order to drown the people on the floor below. Urination was also intended as a proof of his potency and a *refutation of his castration-anxiety*. But it had a further significance, just like spitting and vomiting, namely, that of *restoration*. Thus, every time after smoking stolen cigarettes, he would spit till he made puddles on the floor or else he would urinate. The stolen cigarettes signified the introjected penis of the father ; by urinating or spitting he freed himself from it.

Diarrhœa or involuntary micturition caused by fear [46] is a familiar phenomenon and is probably due to the operation of similar psychic

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[44] In Gerald, aged two and a half, who suffered from enuresis (he had not in fact at any time acquired habits of cleanliness) and in whom *incontinentia fæcalis* occurred as a transitory symptom, I observed the same unconscious determinants of urination and defecation as in Willy and a similar relation between the processes of excretion (expulsion of the object) and stealing (introjection). It seems worth noting that in several patients involuntary wetting of themselves was determined by the same factors as Willy's wilful urination.

[45] Klein : ' Adult Psychology in the Light of Child-Analysis '.

[46] Possibly this is also one of the factors entering into ' cold sweat '. In one of my patients I found that perspiration was a substitute for urination ; an increase in perspiration occurred in conjunction with a decrease in the amount of urine, and one result of the analysis was to diminish the former and increase the latter. With Willy and some other children there was a precisely similar over-determination of spitting as of urination, for which it was a substitute. In several cases analysis revealed similar causes for weeping, which had assumed the unconscious significance of urination.

It appears that the psychic expulsion of the object, which is linked up with the physiological processes of secretion and excretion, can be effected not merely by anal, urethral and oral channels (vomiting, spitting, expectoration and expiration) or by means of the genital organs (pollution, menstruation, vaginal secretion), but also by perspiration, tears, the secretion of the glands of the ears and nose, and so forth.

mechanisms—the urine or the fæces being an offering.[47] Little Beryl, who was a very amiable child, said on one occasion : ' When people want me to do wee-wee, I always do '. But urination also had a sadistic significance for her, which she tried to cover up by this amiable attitude. In another woman patient, *fluor albus*, which had taken the place of her early enuresis, was determined by aggressive tendencies, but at the same time signified a giving up.[48] She feared that her mother might rob her of the contents of her body, as a punishment for her sadistic wishes, and her anxiety impelled her rather to give something voluntarily out of her body, namely, urine or *fluor*. But urination also signified getting rid of the dangerous urine. If she was obliged to retain it, she had an acute sensation of burning and pricking. As was evident from certain of her symptoms and phantasies, she equated the urine with pins—at bottom with the incorporated, piercing penis of her father. Urination had a similar unconscious significance for the three-year-old girl Vivian, in whom during the treatment, when we came to the analysis of these phantasies, wetting appeared as a transitory symptom. In several patients I have observed that, when obliged to suppress the need to urinate, they experienced intense anxiety. This had its origin in the dread of the dangerous urine (the dangerous introjected objects), of which they were unable to rid themselves.

I have often observed, when analysing children, that representations of soiling with fæces were followed up by symbolical washing clean by means of urine. Soon, however, their aggressive tendencies would break through again and the washing-clean would turn into drowning and inundating. For instance, on one occasion Willy had rubbed some powder into the floor (from the whole context it was plain that this represented dirtying with fæces) and then wanted to urinate on it. When I tried to prevent him, he said with signs of the most intense anxiety that he must wash the powder off, else the floor

[47] In the discussion which followed this paper Dr. Müller-Braunschweig referred to Freud's *Psychopathologie des Alltagslebens*, which indicated sacrifice as a determining motive in losing things. At the same time he emphasized that defecation should no doubt be regarded as the general libidinal prototype of the act of losing.

[48] In his charming book *Moni*, A. T. Wagner describes the little two-year-old Moni playing with bricks, which represent dogs. The ' dogs ' look at her sadly and wag their long tails. ' The poor dogs are thirsty ', thinks Moni and wants to give them some water—and at the same moment she urinates on the floor.

would be spoilt. It seems therefore that the acts of defecation and urination express, over and above their libidinal and aggressive elements, also restitution tendencies. In urination and defecation the subject, by surrendering a substance from his body, endeavours to make restitution for the introjection of objects which took place on the oral level. But further, he tries by urinating to undo the soiling with fæces. In genital sexual activity (both heterosexual and homosexual) a good substance is given and received, to be a help against the 'bad' substances (fæces, urine) and a remedy for the injuries which these have inflicted. (For example, Ruth demanded face-cream from me, as a substitute for masturbation, because my 'horrid soap' (fæces) had spoilt her skin.) Thus it seems that these restitution-tendencies may form one of the incentives for advance to a higher level of libidinal development; in unfavourable circumstances, however, they may on the contrary cause the subject to be arrested at an earlier level of organization.

Before discussing in detail the question of onanism, I must make a digression and touch briefly on that of narcissism. Abraham [49] has shown that the beloved object is often equated with part of the subject's own body and is loved narcissistically. But possibly the converse equation also holds good: the subject's own body is equated with a beloved object or part of that object's body. Certain analytical writers have made observations bearing on this: Nina Searl has pointed out [50] that with infants the big toe and the teeth become a substitute for the mother's breast; Reich [51] has drawn attention to the fact that for some patients their penis comes to stand for the mother's breast. It is well known that with males the hollow of the hand in masturbation is a substitute for the vagina, just as in sucking infants the finger replaces the mother's breast. Jones [52] reports the case of a patient who masturbated in such a way that the semen passed into his mouth. This act had the significance of both active and passive *fellatio*, of sucking at the mother's breast and of coitus. Thus the patient's

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[49] Abraham: 'A Short Study of the Development of the Libido', *Selected Papers*.

[50] In a communication to the British Psycho-Analytical Society (reported in this JOURNAL, Vol. XI, 1930, p. 120).

[51] *Die Funktion des Orgasmus* Internationaler Psychoanalytischer. Verlag, 1927.

[52] Communication during a discussion of the British Psycho-Analytical Society.

mouth played the double part of the vagina and the mouth of the partner, while the penis represented at the same time the mother's breast and the partner's penis. I had one patient whose method of masturbation in puberty was to pour water into the penis, which in this process represented the vagina ; thus he enacted simultaneously the masculine and the feminine rôle. In each of these cases the individual was treating his own body as that of a love-object, and the narcissistic love for the bodily parts which represented such objects comprised the love previously bestowed on the latter.

This notion agrees with Freud's description of the conversion of auto-erotism into narcissism. He writes as follows : [53] ' At the very beginning all the libido is accumulated in the id, while the ego is still in process of formation or far from robust. Part of this libido is sent out by the id into erotic object-cathexes, whereupon the ego, now growing stronger, attempts to obtain possession of this object-libido and to force itself upon the id as a love-object. The narcissism of the ego is thus seen to be secondary, acquired by the withdrawal of the libido from objects '. The question of the way in which the libido is withdrawn from objects and directed to the ego may perhaps be answered in this way : that these objects, by introjection, become part of the subject's own body. Thereupon the love for the introjected objects would also be transferred to that body and be *added* to the original auto-erotism, which it would change over into narcissism. This conjecture would agree also with Abraham's view [54] that the narcissistic phase coincides with the period of primary identification, the first incorporation of the love-objects.

Much has been written in recent psycho-analytical literature about the introjected object, but as a rule the only aspect of this question dealt with has been the subject's hatred of that object. In the attitude of hate towards the introjected object we can recognize the latter by the *tension* which exists between it and the subject, whilst where the attitude is that of love, the object *becomes fused* with the subject's own body. I had one patient who, when unhappy, used to stroke her own body. This action had a double significance : she was fondling her mother's body, while her mother fondled hers. In her own person, by the caress of her hand on her body, she represented both these actions.

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[53] *The Ego and the Id*, p. 65.

[54] Abraham : ' A Short Study of the Development of the Libido ', *Selected Papers*.

She had certain inhibitions about occupying herself with her own body, i.e. engaging in narcissistic activity, and this was due to her equating her body with that of her mother, so that handling her body had acquired a homosexual significance.

The analysis of a sixteen-year-old boy, named Herbert, revealed that his onanism was a substitute for homosexual activity and that his penis represented also that of his partner. Herbert suffered from delusions of observation and persecution, from a far-reaching withdrawal from reality and complete inertia.[55] He had almost entirely given up object-relations and interest in the outside world; he masturbated several times a day, often several times in succession, but *without gratification*. One reason for this excessive onanism was that, in order to escape castration by others, he was attempting to destroy himself.[56] But besides regarding onanism as a means of self-destruction he also attributed to it magical effects. Even so late as about twelve years old he had a strong conscious belief in the omnipotence of his thoughts and was convinced that, if he masturbated at midnight—the hour when spirits are abroad—he would acquire magical powers. When he was about six years old he used to imagine that it was he who had invented onanism, that no one but himself could do it and that, if he masturbated long enough his penis would become gigantic, so that it would fill the whole room and everyone would admire him on account of it. Later, he was afraid that everyone would laugh at him for it. His whole subsequent development was determined by these ideas. First he expected that, at school as well, everyone would admire him; then he was seized with a dread that they were all laughing at him and he broke down altogether in his work. He feared above all that his head was too large. Analysis revealed behind this fear the idea of an over-big pregnant belly, and of a gigantic penis. The latter signified the father's penis, introjected by Herbert in his homosexual attitude,

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[55] On the subject of Herbert's analysis cf. my article, 'A Contribution to the Psychology of Persecutory Ideas and Delusions', this JOURNAL, Vol. XII, 1931.

[56] For months on end Herbert tried to convince me that onanism was harmful. He only left off doing so when he gave up obsessional onanism (concurrently with the cessation of his persecutory ideas, the lessening of his self-destructive tendencies and the beginning of normal activity). He now said that, as far as he knew, it was only excessive onanism that was harmful, and as he no longer wished to destroy himself, he would masturbate less frequently from now onward.

and therefore so closely associated with phantasies of pregnancy. This was also the source of his magical ideas : he believed that through masturbation he acquired *power over his father's introjected penis* and so became omnipotent.

He had developed a far-reaching detachment from objects and from reality, chiefly, as analysis showed, in order to escape from his own aggressive impulses against objects and the anxiety to which these impulses gave rise. This turning-away from external objects intensified his flight to introjected ones and led to a narcissistic regression. He treated himself as he wished to treat external objects and to be treated by them. His narcissistic attitude was most clearly expressed in onanism ; his penis took the place of love-objects. He treated it like a beloved object, caressed it, spoke to it, gave it names and wanted to adorn it.

It accorded with his very strong ambivalence to ascribe to onanism at once a magical and a self-destructive effect. The idea of this magical influence sprang from his love for the introjected objects : that of destruction from his hatred of them. He wanted to carry out his own castration, so as to be rid of these objects which he equated with his own penis—this was one of the main reasons for his obsessional onanism. His conception both of heterosexual and of homosexual intercourse was sadistic ; and since it was this intercourse which he acted out on his body, onanism was necessarily credited with the same destructive effect.

It seems to me that, in general, the idea of destroying oneself by onanism originates in the notion that the parents destroyed each other in coitus, and as coitus is represented by the subject's handling of his own body, masturbation acquires the same destructive significance. Generally he has a strong feeling of guilt because of the supposed injury done to his own body through onanism. Possibly this feeling is not only based on the close connection of onanism with forbidden phantasies, but is also due to the equation of the injury done to the subject's own body with the destruction of the introjected objects, the attacks upon these giving rise to a feeling of guilt.

In accordance with her ambivalent tendencies Ruth attributed to masturbation, as to mutual onanism and sexual intercourse, an effect that was simultaneously salutary and harmful. The combing of her hair was in her case a substitute for onanism ; during the analytic hour she used constantly to use her comb secretly, with some anxiety lest I should detect her in doing so. But this action (which for a

time was obsessional with her, like washing) also served another urpose : it was intended to set her body and her unclean, ravaged genital right again. On one occasion, afraid of my ' sexual assaults ', she seated herself as far as possible from me, took a pair of scissors and began to cut her nails and manicure her hands. She interpreted my ' sexual assaults ' sadistically, feared that I should attack her with the scissors (which in her analysis always stood for the father's penis), and so preferred to enact the assault upon herself in order to escape me. The articles she employed in her onanistic substitute-activities had the significance of the father's penis, sometimes in its helping aspect (the comb)—in which she stole it from me—sometimes in its destructive aspect (the scissors).

Singing, too, was a substitute for masturbation and it also represented ' fine talk'. Speaking represented coitus, and the ' funny long words ' stood for the father's penis. After some representation of her parents' coitus, sadistically imagined, and her own reaction of hate to it, she would go out of the room and begin to sing to herself. She allayed her anxiety by substituting beautiful singing—beneficial masturbation—for the terrors of coitus, and by enacting her parents' coitus in her own person to assure herself that the action was something beautiful and so to escape her dread of the retribution she anticipated. Possibly the idea that masturbation is good and beneficial [57] is reinforced by the pleasurable sensation experienced and the erection of the penis or clitoris, which thus offers some measure of protection against the *sadistic conception of sexuality*. Perhaps this represents a function of onanism in the normal development of children.

In this paper I have endeavoured to show that sexual activity, besides affording primary physiological gratification, is a means of allaying anxiety and relieving the sense of guilt ; that in a secondary way the sexual impulses are made to subserve the tendencies to aggression and restitution and become fused with these.[58] Now to

[57] In folk-lore also onanism is conceived as having a remedial virtue.

[58] I would point out that these conclusions agree with those which Melanie Klein has meanwhile embodied in her book *The Psycho-Analysis of Children* (published in 1932), in which she emphasizes, among other things, the importance of the restitution-tendencies in normal and pathological sexual activity. The fact that, working independently and approaching the problem from different angles, we have reached results in such close accord seems to me to confirm the correctness of our observations.

what extent do these mechanisms, found in highly abnormal patients, come into play in normal sexual activity also? Psycho-analysis has taught us that there is no fixed line of demarcation between the normal and the pathological. I think this is particularly true of the sexual life, for just there it is hardly possible to differentiate sharply between the abnormal and the normal. We may be sure that under close observation even the sexual activity of a person who is for all practical purposes normal will reveal various elements of inhibition or compulsion, of subjection to particular psychic conditions which approximate to the pathological, and so forth. It is well known that in modern life sexual intercourse is often engaged in not for the purpose of instinctual gratification, but from non-sexual motives (for the sake of material advantages, to make money, to assist in careers, as a means of reconciliation,[59] out of pity or fear,[60] etc.). My view is that these manifest motives are not to be regarded merely as rationalizations, but also signify an endeavour to use sexual activity in order to gain power over others or to placate them. That is to say, they are the expression of the subject's tendencies to aggression and to restitution. Amongst primitive races, too, coitus is often performed—as was also done in antiquity—not for purposes of pleasure, but from religious or superstitious (i.e. non-sexual) motives.

When, as the result of analysis, abnormal sexual activity (excessive or inhibited) is changed into normal, the influence of the non-sexual factors has certainly been lessened, but it is not entirely eliminated, nor has the connection between sexuality and these other tendencies been completely severed. It would appear that the close relation between sexuality and aggression also involves the connection of sexuality with anxiety and the restitution-tendencies. For, by

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[59] In the discussion following this paper Dr. Boehm quoted several examples from the psychology of everyday life which bore witness to the influence of the mechanisms I have described. He likewise reminded us that a husband often tries to atone to his wife for his sexual unfaithfulness by giving her presents and lavishing sexual endearments on her. He also referred to a revue, in which an unfaithful husband, in order to atone for the wrong done to his wife, gave her flowers, clothes, jewels, and finally everything under the sun.

[60] It seems that even the laity realize that fear and anxiety may act as a stimulus to sexual activity. For instance, a student related that at the time of his examinations his anxiety was so great that he was obliged to have sexual intercourse daily.

projection, the subject experiences in his own sexual activity anxiety corresponding to the aggression associated with sexuality; his restitution-tendencies represent his attempt to escape this anxiety by appeasing the love-object.

The difference between normal and pathological sexual activity is presumably that in the former the non-sexual impulses exercise less influence and are used more profitably. If in the normal person there is present in coitus the idea of giving and making whole again, together with the belief that he is receiving something ' good ' from his partner, *the physiological pleasure will be enhanced.* In the neurotic, on the other hand, the *normal gratification is counteracted* by the castration-anxiety bound up with coitus and by the fear of injuring the partner.[61] The pleasure of sexual activity will be enhanced in proportion as the subject succeeds in employing the physiological process in the service of his psychic aims, and as the instinctual impulses of his id and the tendencies of his super-ego find simultaneous gratification, in an ego-syntonic form, in relation to an object for whom he also entertains a tender feeling. The amalgamation of the different tendencies which occurs in the most favourable case (and depends on their not being too strong) may perhaps give the impression that, in this ideal case, one tendency only is at work and not several. It seems that in the course of normal development the physiological and psychological factors which find gratification in sexual activity get blended into an indissoluble whole. It would appear that sexual activity may be regarded as normal when the physiological and psychological tendencies, the sexual and non-sexual impulses are turned in the same direction—but not when the latter are altogether absent.

In favourable cases the non-sexual motives enhance sexual gratification; in pathological cases they prevent it. It is true that the patients I have described were impelled by their acute anxiety to excessive sexual activity, but their pleasure in it was interfered with. The influence of an over-severe super-ego, manifesting itself in the suppression of libidinal phantasies and of tender impulses towards the partner,

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[61] Transitions exist between the notion of being destroyed and that of making restitution. For instance, where anxiety is more acute, the man will not feel that he is giving the woman his penis, but fears that she will rob him of it. For the restitution-tendencies serve as a means of escaping anxiety by choosing rather to give up voluntarily the object of the theft or a substitute for it.

made sexual activity possible, but robbed it of all gratification. The strong, divergent, even contrary impulses certainly constituted a compulsive incitement, but with such powerful opposing tendencies present the pleasure was heavily impaired. The lack of gratification, however, produced in its turn a further increase in the (unsatisfactory) sexual activity.[62]

It is worth noting that these patients (with the exception of Herbert) were at first quite unaware of the obsessional and unsatisfactory nature of their sexual activity, but spoke of it with marked pleasure. The fact that it allayed their anxiety and afforded considerable narcissistic gratification made it pleasurable; this helped to cover up its obsessional character and the lack of sexual gratification. We may represent the process which seems to have taken place in these patients as follows (schematically): their sexual activity, originally only subserving the purpose of sexual gratification, passed at a very early stage into the service of non-sexual impulses which, in pathological cases, constitute an obsessional drive. This sexual activity, which in extreme cases is desexualized, stripped of libidinal phantasies and divested of gratification, may then be re-libidinized subsequently so that, in spite of its compulsive character, it affords a certain pleasure.[63] This process could be traced very clearly in X, whose sexual activity was of an obsessional nature even in very early childhood and was condemned by himself in the latency period and at puberty as being obsessional and incompatible with his ego. After puberty, however, he succeeded to some extent in re-libidinizing it, so that, at the period when he came for analysis, he was deriving pleasure

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[62] In the discussion following this paper Dr. Reich observed that, according to his experience, excessive sexual activity always provided only slight gratification or none at all, and that precisely in cases of psychogenic incapacity for satisfaction ('orgastic impotence') hypersexuality arose out of the vain endeavour to force an unattainable satisfaction.

[63] I have observed the same mechanism in asocial behaviour which at first sight appeared to give pleasure but was in reality obsessional. The process by which such obsessional asocial or sexual activity is subsequently libidinized and acquires the value of a considerable narcissistic gratification seems to correspond to that described by Freud as the ego's endeavour to incorporate a symptom. In these patients of mine there was only 'an extremely restricted ego, forced to seek its gratifications in symptoms . . .', *Hemmung, Symptom und Angst.*

from it. The process of re-libidinization went hand in hand with a reinforced narcissistic regression and detachment from objects.

In analysis this process is reversed, in so far as the unconscious sense of guilt and the latent anxiety become manifest and the ego, growing stronger through the analysis, turns against the unsatisfactory sexual activity, and by vain endeavours to suppress this, comes to recognize its compulsive character.[64] Now that activity, at first fully endorsed by the patient, is felt to be a burdensome obsession, until further analysis succeeds in uncovering the original *libidinal* sexual impulses and the primary pleasurable sexual activity, in mitigating the obsession and in giving sexual activity a satisfactory form.

It would seem, however, that in normal development also the blending of sexual impulses with non-sexual motives takes place at a very early age. In the analysis of little children of from eighteen months to two and a half years old (who in this respect were perfectly normal) I have found that the naïve manifestations of sexuality proper to their age already subserved at the same time non-sexual tendencies and that the sexual impulses were reinforced by these factors. When analysis diminishes the influence of these secondary added elements, sexual instincts become less urgent and the child is able to adapt itself better to the requirements of cleanliness and the control of its impulses.[65]

In normal development libido is displaced on to non-sexual instinctual aims and is desexualized and sublimated. The success of this process seems partly to depend on the child's ability to make use of sublimated activities in order to allay anxiety, make restitution and gratify its aggressive impulses,[66] aims which were originally (at any

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[64] I found that all these patients after a certain amount of analysis—without any influence on my part—began to feel their sexual activity to be excessive and obsessional and tried to give it up.

[65] Cf. the writings of M. Klein.

[66] In a paper read at the Oxford Congress ('Certain Aspects of Sublimation and Delusion', this JOURNAL, Vol. XI, 1930) Ella Sharpe has shown that in sublimation the introjected parents are projected on to an external object, in relation to which the child acts out his sadistic and restitution-tendencies, obtaining thereby a feeling of magical omnipotence. This process seems analogous to those mechanisms in sexual activity which I have been describing: according to Freud, the parent-imagos are transferred to the sexual partner; in onanism (as I have tried to demonstrate) it appears that the subject's own genital is equated with the

rate to a very large extent) bound up with the pregenital and genital impulses. Edna, aged three and a half, was intellectually very backward for her age when she came for analysis : she was still unable to talk and her play was of the most primitive description. At first she spent the whole analytic hour in letting water run and spilling it. At the same time she developed the transitory symptom of wetting herself. Gradually, however, her actions became differentiated : she would pour water into various vessels, transfer it from one to another, give me a cup of water, fill a rubber animal with water and make it 'urinate', catch this 'urine' in some receptacle, wash the table, her hands, etc., and later, moreover, she began to busy herself with objects other than water. The pouring of water from a large vessel into a small one signified to her the taking of urine from her mother's big body and filling her own little one with it ; just as she caught the 'urine' of the rubber animal. She reversed this withdrawal of the fluid when she poured water from the little vessel into the big one, gave me a cup of water, and so forth. When she washed her hands, the intention was to cleanse her body which she had dirtied by wetting herself ; the washing of the table meant amends for the aggression which she had expressed by spilling the water (wetting herself), and so on. All these tendencies which manifested themselves in these and other actions were comprised in the original act of turning on the water and spilling it, from which all the other activities developed. But she was unable to express herself in these differentiated and sublimated actions until analysis had brought her unconscious tendencies into consciousness and so had lessened their force.[67]

Edna, who was an abnormal child, had reached her fourth year and required the stimulus of analysis before this phase of development began, but it seems to take place spontaneously in normal children of from six to eighteen months old.[68] For instance, when a child of that age throws things about, this signifies (to judge by his expression and general behaviour) both an act of aggression and the intention of

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introjected object. In relation to these objects the subject acts out his libidinal, aggressive and restitution-tendencies and obtains from the gratification of these a magical feeling of omnipotence.

[67] Edna had never shed tears when crying, but after some analysis, at about the same time as she left off wetting herself, she began to do so.

[68] In children whom I have analysed when they were about twenty months old I have observed that this development had already been largely accomplished long ago.

making somebody a present. A child's anxiety can often be soothed by giving him the opportunity for such actions ; at other times, again, it is clear that the throwing away of an object is meant to draw approval from the mother or to placate her (when, for instance, the action follows one of aggression). This behaviour soon develops into primitive games (often in children less than a year old) ; for example, the game of putting certain articles into a drawer and taking them out again, or of throwing them away and having them given back, etc. These primitive games then develop into more complicated ones and into sublimated activities in which, as we learn from the analysis of children in their second and third year, expression is given to their libidinal, aggressive and restitution-tendencies. We know that sublimations have oral, anal, urethral or genital roots, and we may therefore regard them as derivatives of, or substitutes for, the physiological oral, anal, urethral and genital activities and motor actions. For example, grasping after objects is probably a substitute for eating, and throwing them away for defecation. Now if we trace this development back to its source, I think we may justly assume that the same tendencies as come into play in the later sublimations are already present in embryo in the physiological activities, from the substitutes of which the sublimations later develop. It is true that when we reason backward in this way, we run the risk of ascribing to young infants a mental life which is too complex for them. Nevertheless, I think that my hypothesis draws further support from the following considerations. According to Freud we may assume that the aggressive impulses operate from the very beginning of life. It seems likely that the tendency to make restitution for these impulses also develops very early, probably in fact as soon as an object-relation begins to be formed to the persons who tend the infant. We can often observe in its first weeks of life the fear which in many cases passes without interruption into the neurotic anxiety of the young child. Now if we take the view that these impulses are already at work at a very early age, we must assume that they also express themselves in some way or other and, in a young infant, this can only be by means of his physiological activities and motor actions. We know that the first gift which the little child makes is his excreta, that defecation is a way of showing rage and also that it can be caused by fear. That is to say, it may serve other tendencies besides the original physiological function. This seems to be an important factor in the amalgamation of these tendencies with sexual activity.

Normally the child very early learns to view other objects as gifts, in the place of excrement. Thus the tendencies which originally came into play in his physiological activities go on to express themselves in increasingly complicated behaviour which represents a substitute for these—that is to say, in sublimations.

Sublimation is based on the capacity of the libidinal and aggressive impulses and of the restitution-tendencies to find gratification in a substitute-object. But the super-ego of some patients seems to demand that they should restore *the same thing* as has been stolen in phantasy, and this has an inhibiting effect on their power of sublimation. When for example—as in the case of X—the man has to give back to the woman in coitus the stolen objects (penis and children) as such, and cannot content himself with substitute actions, the result will be obsessional sexual activity and the man's capacity for sublimation will be heavily impaired.

One of the essential conditions of *successful* sublimation seems to be a certain *balance* and partial fusion of the aggressive impulses with the restitution-tendencies and the primary libidinal drives. If the tension between these various impulses is unduly great, it may prevent normal sublimation. In Willy (eight and a half years old) I observed the following paradox: he damaged or destroyed everything he could lay hands on, repeatedly hurt me and indulged without inhibition in asocial behaviour, yet because of the repression of his aggressive impulses he was incapable of normal *play*. For example, he could not play ball, for fear that he might accidentally damage the window-pane, yet shortly afterwards I had quite a difficulty in preventing him from breaking it with his hand or smashing the lamp. Again, he could not cut out paper, but would scratch the table with the scissors, could not paint but would daub the furniture, etc.

Similarly, I was surprised to find in the patients here referred to that their tender feelings were more strongly inhibited and felt to be something more forbidden than sexual activity. Probably this was because the tender relations had a fuller ideational content and were accompanied by more affect than the crudely sexual impulses. It seems that certain very abnormal patients, whose anxiety and aggression are too powerful and too acute, cannot master them as more normal people do by means of sublimation and tender impulses, but, because they are so excessive, can bind them only by the *most intense pleasure*, i.e. by *sexual gratification*. For the patients in question any other person

could only become a ' good ' object through mutual sexual activity (and then only in a limited degree).[69]

In proportion as analysis was successful in moderating the severity of their super-ego, diminishing their anxiety and sense of guilt and mitigating their ambivalence and aggressive tendencies, the patients whom I have described gave up their excessive sexual activity, and attained to object-relations, tender impulses and sublimated activities. This inter-relation was shown most strikingly in the sixteen-year-old Herbert who, simultaneously with the cessation of his persecutory ideas, gave up his obsessional onanism (henceforth masturbating only rarely, but with complete gratification), resumed object-relations and began to learn.

If, then, sexual activity may in part be in the service of super-ego tendencies, and if the severity of the latter can lead to excess in such activity, analysis is able to *guide it into normal channels by moderating that severity*. Now if we are correct in assuming that the psychic mechanisms in sexual activity and sublimation are analogous, we have here the theoretical basis for our empirical observation that excessive sexual activity can be *reduced through analysis* and the libido thus set free *directed towards sublimation*. This, however, would dispose of the fear that psycho-analysis, by removing inhibitions, may induce in patients—no matter of what type or age—unrestrained sexual activity.

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[69] As far as my observations go, patients who are incapable of tender object-relations and whose sexual activities are excessive are generally suffering from a latent psychosis (sometimes a manifest one), or at least display psychotic character-traits. Their excessive sexual activity represents a frantic attempt to retain their vanishing relations to objects. For the typical neurotic, on the contrary, sexual inhibition seems to be the characteristic state.

ABSTRACTS

General

Sigmund Freud. ' Eine Vorlesung '. *Psychoanalytische Bewegung*, 1932, Jahrgang IV, S. 481–497.

This lecture is taken from the *Neue Folge der Vorlesungen zur Einfuhrung in die Psychoanalyse*. It is addressed to a very lay public and only touches on the surface of the matters dealt with. Freud begins by stating that the present hostile attitude of the general public towards psycho-analysis is the aftermath of the initial opposition of the scientific world, Time has, however, also brought with it a buffer layer set between psycho-analysis and its extreme opponents ; these men choose arbitrarily what they take and what they leave. Freud touches on those schools of psychology, the leaders of which belonged originally to the psycho-analysts and on the accusation that psycho-analysts lack ' broadmindedness ', because they abide by what they believe in.

Psycho-analysis began as a therapy, but its borders have expanded to encompass most of the mental activities of man. Of these perhaps the most important is its application to education. Child life was unveiled by the analysis of adults ; as the psycho-neuroses and character disturbances begin in early childhood, the question arose how analysis could be used to help pedagogy. What Freud had neglected in this matter was made up for by the work of his daughter Anna Freud, who worked out the necessary changes in the technique for use in the analyses of children. But all children cannot be analysed, so the best form of prophylaxis would be a study of analysis by educators which would include the analysis of the pedagogue himself. In this way a body of people could be formed who could try to work out an optimum between the Scylla of permission and the Charybdis of prohibitions. Freud opposes one suggestion that has been brought forward. It holds that as education is fundamentally political its aim is to maintain the present state of society. If, therefore, we are convinced of the many evils of the present state of society, we should not place an educational system, based on psycho-analysis, at its service. Freud holds that this demand goes beyond the sphere of analysis. It has done its part if it gives the child the best chance of health and of capacity for work (Leistungsfahigkeit). We may also be certain that a child brought up in this way will not be on the side of reaction and oppression.

I. F. Grant Duff.

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Richard Sterba. ' Der Kosmologische Gesichtspunkt in Freuds Trieblehre '. *Psychoanalytische Bewegung*, 1932, Jahrgang IV, 526–529.

Freud, with his dynamic psychology, based on instinct, built the first real bridge between psychology and biology. His work on instincts led him to the hypothesis of the compulsion to repetition, which forces each individual to repeat not only the traumatic events in ontogenetic development, but also the phylogenetic processes—through each form of life—back to the inorganic that was before life. The changes from inorganic to organic, as also the changes in the organic, are due to cosmic processes. We thus see that possibly the relationship of the earth to the sun—which is the only life-giving one—could be read in the repetitions found in living organisms, if we knew the writing. The events of human life were determined centuries ago by cosmic happenings. Freud has thus given a new meaning to two old phantasy systems of mankind, i.e. to the dream and to astrology.

I. F. Grant Duff.

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C. G. Jung. ' Sigmund Freud in his Historical Setting '. *Character and Personality*, 1932, vol. I, p. 48.

Freud may be most correctly viewed as an exponent of the reaction of this century against the ' bourgeois ' hypocrisy of the Victorian era. His main thesis, the doctrine of repression of sexuality, is most clearly conditioned in this historical sense. He is a great destroyer who breaks the chains of the past. His attitude to cultural values is essentially negative and reductive ; complex phenomena like art appear to him as ' nothing but ' repressions. He offers no constructive plan ; everything in him is orientated backwards, with a one-sided bias. His sexual theory is not an adequate foundation for general psychological theory. Freud has not penetrated into the deeper layer of what is common to all humanity !

M. Brierley.

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Bernard Sachs. ' Bumke's Critique of Psycho-analysis '. *Mental Hygiene*, 1932, vol. XVI, p. 409.

Sachs writes quoting at length from *Die Psychoanalyse, Eine Kritik* (Berlin, Verlag Julius Springer, 1931, 75 pp.), by Oswald Bumke (Munich), briefly from McDougall, Strumpell, Bing, Ladd Franklin, and mentioning many other critics by name only. Sachs considers that the emphasis on sexual development should be most strongly criticised, but the formulations of the unconscious, the Œdipus complex, symbolism and the libido theory are each attacked separately. Bumke himself, although feeling very indebted to Freud, rejects his universal determinism thus: ' I would look for extenuating circumstances to account for forgetfulness and inattention '. The Œdipus problem is categorically denied and the only case material considered worth quoting in this connection is an example published by Stendhal before Freud's time. Although Sachs

agrees with this, even after his great experience with children, it is interesting that he points out how frequently adults consider their children their rivals. Bumke rejects the view that the unconscious is dynamic, and to him the painful past is remembered ' all too easily ' in its undisguised form. Throughout the paper, method is criticized and in conclusion Bumke is quoted : ' psycho-analysis . . . was a necessary stage of psychological evolution and gave us many points of view which could only have been smuggled in under the flag of the unconscious . . . Freud's method will disappear, as it would mean the downfall of all science and the end of all research '. The ' method ' apparently refers chiefly to the evidence as given in the literature and to the metapsychological concepts and Sachs, especially, feels all that is necessary to enable adequate criticism of psycho-analytic writings is a full knowledge of language and a respect for logical reasoning. In no place is the method of free-association criticized or even mentioned.

W. C. M. Scott.

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Ian D. and Jane I. Suttie. ' The Mother : Agent or Object ? ' *British Journal of Medical Psychology*, 1932, vol. XII, p. 91.

Love, not fear, is the dominant inhibitor of instinct. Patriarchal suppression operates as a complementary variable to maternal repression. The idea ' mother would never consent ' is the conclusive barrier to the Œdipus wish. Freud's principle of patriarchal repression accounts for the neuroses : maternal repression accounts for health. The clue to the psychoses is to be sought in disturbance of the relation to the mother. The infant is a naïve solipsist. Instinct in infancy is de-specialized, ' melted down into a formless attachment to the mother to be directed later upon the outer world under the stimulus of her interests and guided by her experience '. Aggression is the obverse of all thwarted instinct. The death instinct and all its variants are aspects of thwarted conation in general, and not concrete components of mind.

M. Brierley.

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Raymond R. Willoughby. ' A Scale of Emotional Maturity '. *The Journal of Social Psychology*, 1932, vol. III, p. 3.

A scale of sixty items has been devised for the estimation by a rater of the degree of emotional maturity of a subject. Emotional maturity is defined as ' freedom from narcissism and ambivalence '. In other terminology it is release from egocentrism, the achievement of socialized impulses, of insight : emotional acceptance of the reality principle and an ' analysed ' condition are also approximate synonyms.

M. Brierley.

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Sexuality

Wilhelm Reich. ' Der masochistische Charakter '. *Internationale Zeitschrift für Psychoanalyse*, 1932, Bd. XVIII, S. 303–351.

The author discusses the genesis of masochism and supports his views with detailed excerpts from the analysis of an extreme case of masochistic character formation. He criticizes adversely Freud's later theories with regard to the Death Instinct, the Repetition Compulsion and Primary Masochism, and upholds and elaborates the old theory that masochism is sadism turned inwards. He holds that the conflict which is fundamental to masochism is one between the libido and the patient's environment (the ' patriarchal civilization ' of Western Europe). It is not between two essentially opposed internal forces, such as Eros and the Death Instinct. He regards this as of importance both for the theoretical understanding of masochism and for the therapeutic treatment of cases. He criticizes also Alexander's views on the ' need for punishment '.

Reich enumerates the four chief traits which characterize the masochist, namely : (1) the sense of suffering ; (2) the tendency to self-abasement and self-injury ; (3) the passion for tormenting others as well as the self ; (4) the tendency to awkward, ungainly behaviour. He works out the contributions of constitutional predisposition and fixations with regard to each of them.

Skin erotism is a factor of great importance. The painful experiences, such as flogging, which the patient phantasies or actually experiences, have this in common, that they lead to a warming of the skin as well as to pain. One of the foundations of masochism is a feeling of disappointment in love, which was originally a feeling of loss of contact with the warm skin of the love object. The masochist's demands for love are exceptionally great and perhaps unfulfillable, and possibly a physiological basis for this is to be found in some peculiarity of the vasomotor nervous system which controls the dilatation and contraction of the peripheral blood vessels.

The pains to which the masochist subjects himself in reality or phantasy also signify punishment, but are not desired as such : they represent a milder form of punishment than that expected as the result of any sexual pleasure, and so come as a relief. Sexual pleasure is also itself felt as a form of punishment, and is feared as such while it is sought for as pleasure.

The part played by anal and urethral fixations is also of importance. The patient in the case described had received exceptional attention from his mother in connection with the evacuation of his bowels and bladder, but when he proceeded to show a more genital interest in her he received severe rebuffs. His first attempts at genital overtures to his mother took the form of exhibiting his penis. The rebuff in this connection caused an extensive regression to anal and urethral fixations, for exhibitionism in

connection with these zones had been regarded as praiseworthy and encouraged. A severe conflict, however, took place even on the anal and urethral levels owing to an identification with the patient's father, who had severely punished him for dirty behaviour in the presence of strangers.

Reich regards a repression of phallic exhibitionism as specific in the formation of masochism. It led in the patient to more inhibitions in sublimation as well as to various reaction formations.

Oral fixation is also of importance in increasing the insatiability of the masochist's demands for love.

The paper contains some general recommendations as to technique, and an account of certain special measures which the author found it necessary to employ in the case described.

Adrian Stephen.

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M. Wulff. ' Über einen interessanten oralen Symptomenkomplex und seine Beziehung zur Sucht ' *Internationale Zeitschrift für Psychoanalyse*, 1932, Bd. XVIII, S. 281–302.

Five cases are described in which the symptom complex occurred, four women and one man, differing clinically in other respects and including hysterias, obsessional neurosis, paranoid character, impotence with stuttering. All manifested periodic ' eating and sleeping mania ' (*Esssucht u. Schlafsucht*), in which enormous quantities of sweet things, cakes, unappetising remnants, scraps of paper, etc., were devoured, while persistent, unrefreshing sleep, disturbed by erotic dreams or onanism, accompanied the process of digestion. There were alternating periods of abstemiousness with diminished sleep. The eating and sleeping bouts were accompanied by erotic excitement, and by a state of profound depression, inactivity and neglect of the person, feelings of guilt and disgust at the subjects' own body, fattened by eating. Fasting removed the guilt and led to elation, well-being, energy and self-satisfaction, but without erotic excitement. Guilt and disgust followed the yielding to the cravings of hunger, and the cycle recommenced. Familial and external factors reinforced both oral fixation and its relation to erotic stimulation at the genital level. The onset was usually at puberty with profound reaction to the physical changes.

The exciting cause, as in melancholia, was loss of a loved object or a narcissistic wound, but the author distinguishes the cases from melancholia clinically and psychogenetically. The melancholic's symbolic incorporation of the object is largely sadistic, whereas these cases in which ingestion is actual, manifest a regression from the genital to the oral level in an attempt to retain the object, but the love cathexis in phantasy is largely undisturbed. Eating represented a perverted sexual act. In addition, the cases manifested marked castration complex, and the ingested substances were

substitutes for the loathed and desired penis. This contributed to the disgust which, with guilt, was mainly a super-ego activity. Partial oral object satisfaction prevented deeper detachment of libido from the external world, and submersion in narcissistic isolation or true melancholic depression. The bouts of sleepiness are regarded as orgastic processes differing markedly from a melancholic's flight from reality. The periods of well-being are contrasted with true manic states, especially in the continued activity of the super-ego.

These manias and cravings (*Sucht*) differ from the compulsions (*Zwang*) of obsessional neurosis in affording some direct instead of only a displaced substitute gratification, and in manifesting less anxiety. They are more closely allied to drug addiction, and are considered to be intermediary between drug addiction and melancholia.

M. E. Franklin.

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Annie Reich. 'Ein Fall von Geschwister-Inzest'. *Internationale Zeitschrift für Psychoanalyse*, 1932, Bd. XVIII, S. 109–120.

Dr. Reich describes the analysis of a girl who had sexual relations with her brother from her sixteenth to her twentieth year. After nine months of analysis she gave them up owing to prohibitions on the part of the analyst. 'A simple genital father-relationship of the usual hysterical type covers deeper disturbances of the mother-relationship resulting from the oral attitude. The relation to the father expresses itself in hysterical anxiety and disturbances of the genital object-relations, while the oral structure leads to deep disturbance of the ego-development (*Triebhaftigkeit*), to a far-reaching isolation of the super-ego and to dissociation of personality'. The analysis, which lasted two years, and brought about an improvement in symptoms, did not reveal more detailed reasons for the incestuous relationship. The patient's abnormal development was largely conditioned by social factors. Dr. Reich believes it to be typical of persons who in childhood experience little love, severe prohibitions and many sexual seductions.

Melitta Schmideberg.

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Childhood

N. M. Searl. 'Some Contrasted Aspects of Psycho-analysis and Education'. *British Journal of Educational Psychology*, 1932, vol. II, pp. 276–295.

Education is concerned with the conscious mind and with the external world, psycho-analysis with the internal, psychical world.

To understand the very careful and specialized technique of psycho-analysis, we need also to understand the intensity of the child's struggle

with anxiety, and the feeling of aggressive danger which he attributes not only to the restraints of external authority, but also to his own internal forces of control. No technique directed to the conscious mind can fundamentally affect this situation, there exists a gulf between emotional fears and reality such as can easily be perceived in an ' unreasonably ' terrified child.

The educator keeps his relation with his pupils as free as may be from disturbing effects, while the analyst, far from avoiding, is out to discover them ; since the child's personal experience that they are not inevitably dangerous, even when most aggressive, can alone bridge this gulf.

It is the considered opinion of a group of psycho-analysts and educators that the *experience* of psycho-analysis has a far higher value for the educator than mere knowledge of the theory, which in certain cases can even be a disadvantage. But this experience of a deep and thorough personal analysis would not lead to a fusion of the functions of the psycho-analyst and the educator ; these must remain distinct. A systematic study of psycho-analysis can, however, furnish important data on which a scientific pedagogy may be based.

H. Sheehan-Dare.

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Editha Sterba. ' Ein " unerzogenes " Kind '. *Zeitschrift für psychoanalytische Pädagogik.* Jahrgang VI, 1932, S. 505–514.

Transference treatment without interpretations, on the lines of *Aichhorn*, of a very difficult girl of eight and a half (shameless masturbation with strong masochistic phantasies, etc.) resulting in social adaptation.

Hans Schikola. ' Die narzistische Kränkung der Eltern durch die Erziehungsberatung '. *Zeitschrift für psychoanalytische Pädagogik*, VI, 1932, S. 515–522.

The author regards the resistance of the parents to child guidance mainly as a narcissistic one. They are afraid that child guidance might interfere with their omnipotent wishes regarding the child.

Fritz Redl. ' Erziehungsberatung, Erziehungshilfe, Erziehungsbehandlung '. *Zeitschrift für psychoanalytische Pädagogik*, VI, 1932, S. 523–532.

The author discusses the relationship between education and psychoanalysis, mainly from the point of view of child guidance.

Melitta Schmideberg.

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Richard Sterba. ' Zur Theorie der Erziehungsmittel '. *Imago*, 1932, Bd. XVIII, S. 110–116.

Education is concerned with the substitution of the pleasure by the reality principle. It aids this exchange by opposing the immediate satisfac-

tion of instinctual drives and thus accustoming the psychic apparatus to endure tension. There are two methods of combating instinct, withdrawal of the object and addition of unpleasure, either by infliction of pain or by withdrawal of love. The latter is the only method effective in early infancy. It works through the anxiety roused by the absence of the mother, that is, by disturbing the intra-uterine mother-child identification which persists into the suckling stage. Education by rewarding with love (*Liebesprämis*) is effective only when the child has recognised its separation from the mother, and such a reward is felt as a temporary renewal of the original identification with her. Later the love-reward is sought from the outer world, in happy love relations, successful sublimations and manifold narcissistic gratifications. This third phase includes latency, puberty and the delayed adolescence which occurs in analysis. These phases may be described as stages of depersonalization of the love-reward.

M. Brierley.

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Applied Psycho-Analysis

G. H. Graber. ' Psychoanalytische "Archaeologie" Jeremias Gotthelfs '. *Imago*, 1932, Bd. XVIII, S. 277–282.

This work is a review of Walter Muschg's book, *Gotthelf. Die Geheimnisse des Erzählers*. Graber himself as far back as 1925 brought out a work on Gotthelf which was published by the Inter. Psa. Verlag. In this present article he adds a few analytical notes on certain aspects of Gotthelf's character. Apparently he thinks these insufficiently emphasized in Muschg's book for the interest of Muschg's work, apart from its other great merits, is that he is the first specialist in literature to use the findings of the psycho-analysts to illuminate his subject.

I. F. Grant Duff.

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Brenda Z. Seligman. ' The Incest Barrier : its Role in Social Organization '. *British Journal of Psychology*, 1932, vol. XXII, p. 250.

A prolix and not too clear paper discussing anthropological and psychoanalytic data bearing on the relation of incest barriers to the development of human civilization. The analytic evidence is apparently taken from a paper by Jones in 1925 and from Freud's ' Totem and Taboo '. On psycho-analytic and anthropological grounds the family is held to be the primitive human group. The family became consolidated by the acceptance of incest barriers. These barriers arose not to check the lust of the father, but to produce a harmonious family group and to change it from a natural into a social group. The formulation of the incest barriers occurred unconsciously. Freud's discovery of the ' incest complex ' in all of us is stressed in its relation to our understanding savage culture and in enabling

us to apply our knowledge of the incest barriers to more modern civilizations. Freud's view of the ' conflicts in the family ' is accepted, but his animal horde ideas are regarded as unfortunate. He is held to support the idea that totemism and exogamy arose in a brother clan and that in this group is the basis of human society. Psycho-analysis, therefore, fails to account for the brother-sister incest barrier. Nevertheless, psycho-analysis is held to support the view that the foundations of culture are to be found in the family itself. The sanction for the incest barrier is found in the persistence of belief in the omnipotence of the parents which is developed later into a religious attitude and consolidated by ancestor worship. The acceptance of the incest barrier (apparently) gives the family group such a survival value that groups not accepting it, if any, have disappeared. The clan and the classificatory system are derived from the family and necessitated an extension of the rules of incest. Marriage prohibitions are to be derived from the incest barriers. Apparently it is held that the emphasis in various societies does not fall where it would be expected to according to psycho-analysis. These psycho-analytic arguments are not given. Seven methods of reckoning descent are demonstrated and, with their aid, all marriage prohibitions are related to the parent-child and brother-sister incest prohibitions, the latter being the more important in savage society. Contrary to the findings of psycho-analysis, it is not the mother-son, but the brother-sister relationship that gives concern to the savage. Social conditions are held to influence the solution of the family conflict. The difference between the savage and higher cultures in this respect is that in the former, conscious and unconscious are not so strictly separated. The importance of the father-daughter, brother-sister incest barriers has been overlooked. The origin of incest laws is not considered, beyond pointing out their biological survival value. Exceptions to the rule and exceptional regulations in various savage societies are pointed out.

D. C. Carroll.

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Oskar Pfister. ' Instinktive Psychoanalyse unter den Navaho-Indianern '. *Imago*, 1932, XVIII, S. 81–109.

In this paper Dr. Pfister describes two examples of magical healing among the Navaho Indians of Arizona and New Mexico. He argues, in both cases, that the shaman's unconscious correctly interpreted his patients' symptoms, and that the symbolic rites which he prescribed tended to remove the real cause of the anxiety or inhibition.

The first patient, who had been perfectly healthy till about the age of fifty, dreamed that his children were dead. After this he suffered from such anxiety and depression that he could neither eat nor work. The lame medicine man, whom he consulted, told him that, as a small child, he must

have seen a sacred bear which was either sick or dead, and that a ceremony was necessary to propitiate this holy beast. Now since the bear god was a father symbol, the shaman told him, in effect, that he had hated his father, and that this was the ultimate cause of his present fear. He then prescribed a ceremony which symbolized the patient's reconciliation with his father, and the acceptance by his friends of their share in the guilt. The cure was instantaneous and complete.

The second patient, a woman, was evidently sterile—a condition perhaps due to a father fixation and to the frigidity this may involve. At all events, the curative treatment consisted in a series of symbolic acts of coitus, first with the bear god to remove the guilt of incest, and then with ordinary mortals to overcome the incestuous fixation. The result of this procedure is not recorded.

R. Money-Kyrle.

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F. E. Williams. ' Sex Affiliation and its Implications '. *Journal of the Royal Anthropological Institute*, 1932, vol. LXII, p. 51.

Mr. Williams argues that, among the Koiari-speaking people of Papua, ' the ideal, or " first choice " marriage should be between first cross cousins, and that other unions are a substitute for them '. Thus a man prefers to marry his mother's brother's daughter, and a woman her father's sister's son. Analysts will note that this form of marriage provides the best compromise between the desire for incest and the incest taboo. Presumably this is one reason why it is regarded as ideal.

R. Money-Kyrle.

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' Discussion on Ignorance of Procreation '. *Man*, vol. XXXII, January-November, 1932

The perennial discussion concerning Trobriander theories of conception still continues with unabated vigour. Professor Malinowski (*Pigs, Papuans and Police Court Perspective*, February), replying to Mr. Rentoul's criticism (*Man*, 1931, 162), complains that the view has been foisted upon him that ' the Trobrianders are absolutely ignorant of physiological paternity '. His real opinion is that there is a ' vague idea as to some nexus between sexual connection and pregnancy, whereas there is no idea whatever concerning man's contribution towards the new life being formed in the mother's body '. Dr. Perry, returning to the same subject (*Theology and Physiological Paternity*, July), quotes examples of theological theories of parenthood in peoples who are by no means ignorant of the real cause. He suggests that ' the Trobrianders are *not* ignorant of the physiological doctrine of paternity ', but that ' in their minds there is a conflict between common sense and tradition '. Mr. Hornblower (November)

suggests that the Trobriander beliefs on the origin of children belong ' to the older stratum of thought which had become common to the forefathers of a great part of mankind'.

The Rev. T. Cullen Young records some amusing lists from the receipt books of *Three Medicine Men in Northern Nyasaland* (October). Since these receipts give some indication of the anxieties from which the people suffer, it is interesting to note that a very large proportion of them are for the cure of sexual troubles. Here are a few examples: ' To restore virility '. ' To avoid harm after intercourse with a menstruating woman '. ' To conceal intimacy—(*a*) with a girl; (*b*) with a woman '. ' To end affection of woman wronged ', etc.

The April number contains a short summary of Dr. Glover's paper, *Common Problems in Psycho-Analysis and Anthropology* (March, 1932). According to this summary, Dr. Glover suggested that anthropologists might be able to ' subdivide different tribal organizations in accordance with the balance of psychotic, neurotic, and " reality " reactions ', and thus establish interesting parallels between individual and racial (social) development.

R. Money-Kyrle.

P.S.—In the December number of *Man*, Mr. A. G. Rentoul, writing again on the alleged ignorance of physical paternity among the Trobrianders, quotes the following highly significant legend: ' The girl Ilouma, desiring a child, fell asleep in a limestone cave. From above her the stalactite known as Kaibua began to drip, and the lime water Litukwa entered her womb, and afterwards she conceived and bore a male child Tudava, afterwards to become famous in legend. To this day the story is told by old men, and that stalactite is looked upon as a phallic symbol. The point is that in the telling of the story stress is laid on the fact that the lime water Litukwa was the cause of the pregnancy !

' Surely,' concludes Mr. Rentoul, ' the last paragraph indicates the existence of something more than " a vague idea as to some nexus between sexual connection and pregnancy " ? '

R. Money-Kyrle.

BOOK REVIEWS

The Interpretation of Dreams. By Professor Sigmund Freud, M.D., LL.D. Authorized translation by A. A. Brill, Ph.B., M.D. (George Allen & Unwin Ltd., London, 1933. Pp. 600. Price 18*s.*)

This classic of psycho-analytical literature needs no comment. The present edition is an entirely new translation of the eighth German edition. The nomenclature and form of Dr. Brill's original translation have been carefully studied and brought up to date with the most recent psycho-analytical terminology.

In its present form this book should be in the possession of every psycho-analyst.

S. M. Payne.

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Psycho-analysis of the Neuroses. By Helene Deutsch. Translated by W. D. Robson-Scott. (Hogarth Press and the Institute of Psycho-Analysis, London, 1933, International Psycho-Analytical Library, No. 23. Pp. 237. Price 10*s.* 6*d.*)

This book consists of eleven lectures delivered by Dr. Helene Deutsch, the Director of the Vienna Psycho-Analytical Clinic, to an audience of students of psycho-analysis. In book form these lectures represent a valuable addition to the International Psycho-Analytical Library in so far as the need for a text book dealing predominantly with the clinical aspect of the subject in a wide comprehensive manner had not been met before.

The lectures are divided into three groups dealing with the psycho-neuroses, preceded by an introduction on the part played by the ' actual conflict ' in the formation of neurosis, and completed by an appendix on the subject of melancholia.

The first group of five lectures deals with hysteria. The subject-matter is in the form of case material illustrating an hysterical fate neurosis, and a wide range of hysterical conversion symptoms. The second group consists of three lectures on anxiety hysteria and phobia, and the third group is made up of two lectures on obsessional neurosis.

The Introduction is concerned with the ' actual cause ' of neurosis. The English word ' actual ' (*aktuelle*) has too often the meaning of real or true to be a satisfactory synonym for the meaning which it is intended to convey. In the present context, however, there is no danger of misapprehension arising, since Dr. Deutsch's treatment of her subject enables her to present three fundamental factors in psycho-analytical theory and illustrate their relation to each other and relative etiological importance. These are the theory of fixation of libido, regression of libido and the part

played by the immediate exciting traumatic event or, as it is called here, the ' actual cause '.

She achieves her aim by describing the psycho-analytical treatment of three cases in which an identical ' actual cause ' was the *agent provocateur* of three different types of neurosis, thus demonstrating the fact that the latent unconscious conflict depending on libido fixation is the more important etiological factor and frequently provokes the ' actual cause '. The author completes her treatment of the part played by the ' actual cause ' by bringing it into relation with psycho-analytical technique. In the following sentence she summarizes the diverse methods of approach which must be utilized by the analyst according to the part played by the ' actual cause ' as a resistance to the treatment.

' If the actual conflict is manifest, or plays a dominating role in the patient's mental life, he should be trained to turn his attention to the analysis of the unconscious sources of the conflict. If, on the other hand, it has been repressed and transferred to another sphere by symptoms or displacement . . . then it is of course essential to remove the unconscious resistances and unmask the actual conflict ' (p. 23).

Dr. Deutsch chooses a case of ' Fate-neurosis ' (*Schicksalsneurose*) for the subject of her first lecture on hysteria. A point of interest lies here in the diagnostic distinction made between ' fate-neurosis ' and neurotic character. The author bases her differentiation between these two morbid conditions on a quantitative factor. In other words, on the degree of ' localization ' of the neurotic manifestations in the organization of the Ego. It might be argued legitimately that the case described does not localize neurotic ego reactions in her love relationships entirely, in so far as the wider ambitions of the patient to achieve intellectual successes were also inhibited by her unconscious conflict.

The writings of Alexander, Glover, Jones and Reich on the subject of ' Neurotic Character ' have revealed the numerous types of cases that can be included in this category. A feature common to all cases is that the individual is involved in or appears to be the victim of repeated external unfortunate or disastrous events. Such a wide definition includes, as Glover * pointed out, the possibility of the inclusion of a number of different pathological mental mechanisms, which can be shown to be allied to, or to be identical with, those already classified as neurotic, psychotic or perverse.

The ' Fate-neurosis ' is defined by Dr. Deutsch as hysterical in type, depending on the faulty mastery of an infantile anxiety situation occurring in the genital libidinal phase. This description suggests the possibility of differentiating other character abnormalities by tracing their origin to

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* ' The Neurotic Character,' This Journal, Vol. VII, Part I, p. 11.

pregenital anxiety situations associated with more diffuse ego influences. The choice of the diagnostic term ' Fate-neurosis ' (*Schicksalsneurose*) has a wider significance than merely that of denoting a step forward in the work of differentiating between neurotic character types : it may be regarded as a sign-post on the road along which psycho-analysts are treading with the expectation of reaching a position which will enable them to view more clearly the life of the individual as a whole, past, present and probable future, regarding symptoms and illnesses, mental or physical, and events of everyday life in their relation to the whole and not as accidental occurrences.

In her lectures on hysterical conversion symptoms, the author describes the analysis of a man of twenty-eight years suffering from impotency, and with a history of other hysterical manifestations. The analysis reanimated childish anxiety situations associated with Pavor Nocturnus and nocturnal enuresis. Dr. Deutsch depicts clearly the part played by the struggle against masturbation in this typical infantile anxiety state and draws attention to the sadistic character of the phantasies of this phase.

She says, ' As you have already heard the analysis made clear that his masturbatory activity was most intense in the phase of pavor nocturnus. At this period the neurotic phantasies had an exceptionally sadistic character. The struggle against these tendencies, which came to expression in the pavor nocturnus, ended in apparent victory. The patient ceased to masturbate. . . . The aggressive little boy turned into a virtuous and kindly, somewhat subdued individual. But that this change did not represent a real overcoming of the tendencies in the sense of a healthy development was proved by the fact that just at this time the enuresis nocturna set in ' (p. 62). Again, ' With the renunciation of the sadistic functions of the sexual organ he had taken upon himself the castration threatened in the anxiety states of the pavor nocturnus, and this came to expression in the enuresis nocturna ' (p. 63). The motor inhibition consequent on the renunciation of the sexual function of the organ was displaced and manifested by various conversion symptoms of an inhibitory character, such as speech defect, intermittent limping, and persistent constipation.

Dr. Deutsch draws attention to the internal nature of the conflict underlying the symptom of pavor nocturnus, and emphasises the aggression of the internalized super-ego (p. 78), which is the ' instigator ' of the conflict, showing that this psychic institution did not correspond in character to the real father. She shows in her description (p. 74) of the function of the scream how the real parents can be used as a protection from the internalized parental imagos functioning as an aggressive infantile super-ego.

The author concludes her lectures on hysteria with the account of a

case of a girl exhibiting hysterical phenomena in the form of fits and trance states. The neurosis broke out at puberty, and was preceded by a phase of neurotic difficulty in feeding after severe tonsillitis. The seizures were expressions of rage against the father, and at the same time served as a discharge of libidinal impulses. The trance states took three different forms :—

(1) Scenes of rage.
(2) Performances of dancing.
(3) Scenes of remorse.

Dr. Deutsch draws attention to the fact that patients suffering from major seizures and trance states do not seek treatment often in the present day, and associates this with the growth of interest in telepathic phenomena and spiritism.

Dr. Deutsch's original work on ' Agoraphobia ' is familiar already to many of her readers. In her second group of lectures she deals with various types of phobia, beginning with a cat phobia, and a hen phobia, and completing the section with an account of the analysis of three cases of agoraphobia. Her work on these patients leads her to the conclusion that the aggressive impulse plays a predominant part in the determination of the phobia mechanism. She says (p. 143) ' In the case of our last patient, the hen phobia was the direct projection of a libidinal tendency, or of the danger of castration which was attached to the fulfilment of the libidinal wish. But here, too, the phobia was really the final product of a struggle against certain aggressive impulses '.

' Both these cases seem to confirm the view that in contrast to hysterical conversion-symptoms, the phobia is characterized by a stronger regressive tendency in the sense of sadistic aggressive impulses '.

In her account of the treatment of her patients suffering from agoraphobia, the author shows that the person whose presence is necessary if the patient is to avoid an anxiety attack in the street is the parent whose imago the patient has introjected on account of excessive hostility. Dr. Deutsch says : ' I consider this identification with the object of the hostile tendencies to be a characteristic element in agoraphobia. The sense of guilt is able to be satisfied by the fact that in the " turning against the ego " the latter itself experiences the death wish. But the tension between the ego and the threatening agencies in the super-ego will only be released when the presence of the protecting object confirms the fact that the object is not in danger and has not deserted the ego ' (p. 169). A distinction is drawn here between the introjection of the hated degraded object into the ego, and the introjection of the prohibiting and aggressive object into the super-ego. Both imagos relate to the mother figure, but the character of each bears the stamp of the Id impulses of the patient and not the character of the real mother.

Dr. Deutsch found that the passive and active birth phantasy was of central importance in the anxiety situation arising in the street in these cases. The acts of leaving the home and going out in the world had important symbolic significance.

The author holds the view that confinement anxiety as an element of the feminine masochistic phantasy is a direct legacy of castration anxiety. Many analysts will not agree with this view. The work of Karen Horney, Ernest Jones and Melanie Klein tends to show that castration anxiety in the female is secondary to the feminine-masochistic anxiety, and the latter has its roots in an earlier heterosexual phase characterized by the activity of oral and anal and probably vaginal impulses. The aggressive component of these impulses and its vicissitudes determine the degree of masochism associated with the passive feminine wish.

The relation of phobia to hysteria on the one hand, and obsessional neurosis on the other, presents many obscurities to the student of psycho-analysis ; the author is able to present this problem in a lucid manner by the description of a case suffering from phobia which developed hysterical conversion symptoms during the course of the analysis when the aggression of the super-ego had been diminished. In a second case it was possible to demonstrate by the history that the phobia mechanism had at one time given place to obsessional symptoms owing to regression to the anal-sadistic phase and the intensification of psycho-neurotic processes. Dr. Deutsch says : ' In my opinion we are here dealing with people with whom the ambivalence conflict is acuter, the sadistic impulses stronger, than is usual in the genital phase. The fact that the genital phase has been reached and maintained prevents the actual formation of obsessional symptoms : but the anal-sadistic phase is still able to exercise an attraction which may provoke a regressive relapse and produce a transformation of the hysterical neurosis with an obsessional illness (as in the case we have just discussed), or else a fluctuation of symptoms '.

In her lectures on obsessional neurosis Dr. Deutsch deals in the first place with a severe case in which the fear of touching had developed gradually to such a degree that the patient was compelled to be motionless in bed in a position suggestive of catelonia. In her account of the analysis of this case the author is able to demonstrate various types of obsessional mechanisms, and to trace out the conflict of love and hate in its relation to the primary love objects. She draws attention to the anal origin of the contamination fear associated with the touching phobia, and shows its association with genital sexuality and early onanistic practices.

In connection with the theory of obsessional mechanisms, the author quotes Freud's theory of instincts and their defusion. She says : ' Every separation of the two kinds of instincts, every instinctual defusion, brings with it the release of the destructive tendencies which are then either

directed against the outer world in the form of aggression, or else introjected, i.e. they turn against the ego as if it were an object of the outer world, so that instead of sadism (outwards) we have masochism ' (p. 195). She goes on to point out that the aggressive impulses are attached to the super-ego, and as a result the sense of guilt is intensified.

The section on obsessional neurosis is completed by an account of the analysis of a case exhibiting one manifest obsessional symptom only. In this lecture the author deals with the connection between superstition and the belief in the omnipotence of thought and magic in patients suffering from obsessional neurosis.

The last lecture on melancholia and depressed states includes the case history of a woman of fifty who suffered from obsessional symptoms in early adult life. Her obsessions were spontaneously relieved when she made a supremely masochistic renunciation in favour of a younger sister, who was the original hated rival. The patient fell ill of melancholia when, after the marriage of the sister, her pet-dog, who was a sister substitute, was lost and could not be found.

Dr. Deutsch describes the psychological mechanisms which play a part in producing melancholic symptoms, namely, a psychological regression to the oral-sadistic phase of libido development, accompanied by an incorporation of the object into the ego when libidinal relationship with the external object is abandoned. She says (p. 223): ' After the final loss of the loved object our patient sinks into this oral phase of development. Hence the identification of the sister now becomes synonymous with the incorporation, i.e. with the complete disappearance of the boundaries between her own ego and that of the other. The " instinctual decomposition " which this new regressive process brings with it, releases still more destructive forces to be turned against the ego . . . '. The author holds the view that the earlier the phase of libido development, the less the destructive elements are bound by the libidinal component and the stronger the aggression in the super-ego.

In all her lectures emphasis is placed on the part played by aggressive impulses in the determination of morbid mental mechanisms.

Dr. Deutsch's handling of her subject enables the reader to forget that the presentation of psycho-analytical case material in association with appropriate theory is proverbially difficult and apt to strike the student as unreal and unconvincing. Her book defeats the criticism of those who accuse psycho-analysts of neglecting the real incidents of a patient's life, and at the same time demonstrates the association of these incidents with neurotic mental mechanisms in terms which hold the interest of both student and experienced analyst.

The reviewer would draw attention to a few slips in the translation :—

P. 36 : ' slavish independence ' should be ' dependence.'

P. 157 : ' vaginitis ' should be ' vaginismus.'

' *Triebentmischung* ' is often translated ' decomposition ' instead of ' defusion.'

S. M. Payne.

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Psychoanalyse und Heilung Eines Nachtwandelnden Knaben. By Dr. G. H. Graber. (Merlin-Verlag, Baden-Baden. Pp. 67. M. 1.80.)

This account of a boy ten years of age troubled by sleep-walking is of value by reason of the complete cure of the symptom that resulted ; a cure his mother three years later stated had been maintained. Sleep-walking began with school life. Every night at about the same time, the child quietly, in his sleep, left his bed, opened the door, glided into his parents' bedroom, went to his mother's bed and then, as noiselessly, returned to his own room and bed. There was complete amnesia for these nocturnal events. A fairly full account of the analysis is given, especially of the Œdipus situation ; the pre-Œdipus relationship did not go very deep. Graber has no difficulty in relating the sleep-walking to desire of the mother—a return to the womb—but no explanation is offered of why it ceased four days after the analysis began. The length of the analysis is not stated ; the report of a very classical Œdipus situation—there was a younger brother—shows marked positive transference to the analyst ; no negative transference of any moment is mentioned. The account, which, Graber states, attempts to deal with the psycho-analysis of the whole personality, makes no attempt to explain why the unconscious selected this particular symptom ; the choice of symptom as well as the choice of neurosis to-day demands explanation.

M. D. Eder.

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What We put in Prison. By G. W. Pailthorpe, M.D. (Williams & Norgate, London, 1932. Pp. 159. Price 5*s*. net.)

This presentation of Dr. Pailthorpe's work on delinquency and crime is more popular in appeal than her official report presented to the Medical Research Council, yet, to my mind it is the superior production. Her official work was evidently hampered by her terms of reference and on many occasions by the conditions under which research was carried out. Moreover, it was subject to official assessment before publication, a system which scientifically speaking is extremely unsatisfactory. In this book Dr. Pailthorpe is free to present her material and conclusions to her own taste. And she has definitely established herself as one of the English pioneers in psycho-analytical criminology.

Some allowances must be made for the fact that publication of her work was, through no fault of the author's, delayed for some considerable

time. Unfortunately this happened to be a period when child analysis was concerning itself more and more with asocial children. Dr. Pailthorpe was just in time to apply some of the earlier of these new ideas, but I have no doubt that if she were to re-examine her material she would find herself compelled to expound more fully some of the earliest infantile anxiety situations, which play a large part in criminal conduct.

The greater part of the book consists of a number of case histories gathered by the author and subjected to a running psycho-analytical interpretation: this material is presented in a way that is bound to challenge the interest of every reflective reader. And in view of the fact that inertia is the greatest stumbling block to progress in criminological science, Dr. Pailthorpe may be regarded as having rendered a public service. The onus of responsibility is now definitely placed on the individual citizen.

Edward Glover.

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Psychopathic Personalities. By Eugen Kahn, translated from the German by H. Flanders Dunbar. (New Haven: Yale University Press, 1931. Pp. 521. Price 30*s.* net.)

Psycho-analysts are often criticized for being unduly stand-offish in their attitude toward the systematic treatises of non-analytical colleagues. It is implied that they are unable to find virtue in any book which is not grounded on broad psycho-analytical lines. The fact is, however, that most analysts would be only too grateful to adopt any work of clinical description or classification provided it fulfilled one reasonable condition, viz., that it should not give more trouble than it is worth. There are a number of descriptive fields, in particular the fields of characterology and type-psychology, which have been neglected by psycho-analysts, either because they had no leisure time in which to classify exhaustively the descriptive clinical material or because they regarded the accepted clinical pictures as misleading. It would certainly be a boon to the working analyst to have this material classified and correlated in a satisfactory clinical system. Such work would correspond with the work of clinical psychiatrists on ' syndromes '.

Up to the present it is the exception to find any systematic text-book on either psychiatry or character pathology which comes up even to the meagre standard I have indicated. The great majority of writers either take refuge in grandiose complexity or combine simplicity with a weak superficiality.

The present book unfortunately belongs to the first category. It purports to be a modest clinical summary of the psychopathies, but the

true nature of the author's contribution can be gathered by quoting one of his definitions. Thus he describes (p. 344) schizoid psychopathic types as ' dystonic psychopathic personalities of actively or passively autistic, or ego-searching, or ambitendent, more rarely egocentric character, in genetic relation with schizophrenia, with a constitutional predisposition toward schizoid affinity for the phynic physique '. A pure psychologist struggling to master the facts of medical psychology would be hard put to it to better this. The whole of the chapter on ' Dystonic Psychopaths ', together with the subsequent chapter on ' Causal and Final relations ', reaches a depth of unilluminating and almost impenetrable obscurity. Concerning the last main chapter on complex psychopathic types which is intended to give some pictures of psychopathic personalities it can only be said that the few brief case-histories, inadequate as they are, afford the reader a welcome release from the welter of confusing terminology with which they are beset.

The earlier sections on impulse-life in psychopaths and on psychopathic temperament are more readable, but I imagine this is due mainly to the fact that it is impossible to describe instincts and temperament without using some simple accepted terms and without referring to recognizable clinical material. It would seem almost as if the author took a perverse delight in reducing the comprehensible to disorder by a skilful technique of classification. It may be that the work is more intelligible in German : it certainly is not very intelligible in English. And bad as the translation is, I doubt if the fault is entirely the translator's.

Yet the volume in the first few pages seemed to promise well, in spite of the fact that the author had set himself the almost impossible task of trying to reconcile or combine a number of different approaches to the subject. And it appeared that he was prepared to absorb some Freudian points of view. But what is one to make of an author who says in his introduction, ' to-day it is a matter no longer subject to controversy that sexuality in the broadest sense begins in the first year of life ' and then 125 pages later remarks in a footnote, ' . . . I feel it necessary to say that if Freud would admit the so-called sexuality of the infant to be a " pre-stage " of sexuality this would be logically correct . . . ' ? With a fundamental contradiction of this sort in hand I claim that a reviewer is absolved from further examination of inaccuracies or omissions in the presentation of analytical theory.

The Editor of this JOURNAL sent the volume to me with the request that I should do my best to extract from it any ideas of use to psycho-analysts. To the best of my knowledge there is nothing to be extracted from it except a moral. It is all very disappointing.

Edward Glover.

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Human Nature. A First Book in Psychology. By Max Schoen, Professor of Psychology, The Carnegie Institute of Technology. (New York and London: Harper & Brothers Publishers. 1930. Pp. 504. Price 9*s.* net.)

This is an extremely naïve book, catholic and urbane in temper, but quite undiscriminating in judgement. Its main point of view is sensible enough. 'The Book has no axe to grind. It is neither structural nor behavioristic. It is both. It is built on the principle that life is an *activity*, and that mind and behavior are inseparable processes in the business of bringing about an adjustment between the organism and its environment' (p. xv).

A number of psycho-analytic notions are quaintly subsumed, here and there, under the general headings of academic structural psychology. In the chapter on 'Perception' (under the general heading of 'The Nature of Intelligence'), there is a section dealing with 'Abnormal Percepts'. These naturally include illusions and hallucinations, but carry us on without any theoretical transition, to delusions, and presently to obsessions, phobias and dreams, still under the same descriptive heading. There is a very brief account of the psycho-analytic view of dreams, with one longish illustration of dream interpretation, quoted from G. H. Green's *Psycho-Analysis in the Class Room.*

The readers of this JOURNAL will be interested in what the author has to say about *phobias.* This is the sum and total of his remarks upon the subject (pp. 275–276):

'A *phobia* is an abnormal fear. Some common phobias are:

1. Acrophobia, fear of high places.
2. Agoraphobia, fear of open places.
3. Algophobia, fear of pain.
4. Anthropophobia, fear of men or of some particular man.
5. Astraphobia, fear of thunder or of other meteorological phenomena.
6. Botophobia, fear of cellars.
7. Claustrophobia, fear of closed places.
8. Ereutophobia, or erythrophobia,[1] fear of blushing.
9. Gynophobia, fear of women or of some particular woman.
10. Hematophobia, fear of blood.
11. Misophobia, fear of contamination.
12. Monophobia, fear of solitude.
13. Neophobia, fear of the new or unfamiliar.
14. Nyctophobia, fear of the darkness.
15. Ochlophobia, fear of crowds.

[1] Incidentally a common error, for this means 'fear of red.'

16. Pathophobia, fear of disease or of some particular disease.
17. Peccatiphobia, fear of sinning.
18. Phobophobia, fear of fear, fear that one will be afraid.
19. Taphephobia, fear of being buried alive.
20. Thanatophobia, fear of death.
21. Theophobia, fear of God.
22. Toxophobia, fear of poisons or of being poisoned.
23. Vokephobia, fear of returning home.
24. Zoöphobia, fear of animals or of some particular animal.[1] '

Evidently the most effective way of dealing with phobophobophobia, or the fear of having the fear of fear, is to string Greek names like beads on a rosary, and tell them over one by one !

Susan Isaacs.

*

Behaviourism. A Symposium by Josiah Morse, William McDougall, Charles C. Josey, W. E. Garrison, Ross L. Finney, Julius Mark, Rufus M. Jones, F. J. McConnell. Edited by William P. King. (London : Student Christian Movement Press, 1931. Pp. 160. Price 5*s*.)

This is a symposium upon Behaviourism by a number of American writers, approaching the problem chiefly from a religious or philosophical standpoint. Examples of the questions they raise are : ' Behaviourism's Silence as to Human Values ', ' Behaviourism and Religion ', ' Behaviourism and Freedom ', ' Have Souls Gone Out of Fashion ? ', and so on.

The chief interest of the book, however, is a contribution by McDougall on ' The Psychology They Teach in New York '. This is a first-rate piece of controversial writing, with a most trenchant analysis and criticism of the assumptions of Watsonian Behaviourism. He shows that it stands upon a tripod support, each leg of which is dubious and shaky in the extreme : namely, (1) Watson's denial of instinct, on the basis of a few negative observations of young infants ; (2) an unwarranted leap from the simple conditioned reflex, built up gradually by many repetitions, to intelligent adaptation on the basis of a sudden flash of insight, which, once achieved, is likely to be repeated indefinitely under a widely varying range of similar circumstances and with wide differences of means employed ; (3) Thorndike's theory that intelligent adaptation is a perfectly random process. A host of studies of animal behaviour, including those of Yerkes, Köhler, D. K. Adams, and K. S. Lashley, have given the *coup de grâce* to this mechanical view of learning.

McDougall lays a great deal of responsibility for the enormous popularity of crude behaviourism in America at the door of the psychologists of

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[1] Bridges, J. W., ' Outline of Abnormal Psychology,' Adams, 1925, pp. 82–83.

New York, mentioning not only Thorndike and Cattell, but also Woodworth, who habitually sits upon the fence with regard to this problem; and even the great name of Dewey, whose teaching that 'all virtues and vices are habits' and 'habits constitute the self,' is turned to their own advantage by naïve Behaviourists.

Susan Isaacs.

*

Einführung in die Vorstellungswelt primitiver Volker. By Dr. J. Winthuis. (Leipzig: C. L. Hirschfeld Verlag, 1931. Pp. 364. Price M. 9.)

This book is decidedly polemical in character. The author's earlier publications, *Das Zweigeschlechterwesen* and *Die Wahrheit über das Zweigeschlechterwesen durch die Gegner bestätigt*, Leipzig, 1928 and 1930, provoked a good deal of opposition in anthropological circles. In particular, Dr. Winthuis was accused of grossly exaggerating the rôle of sexual interests in primitive thought. The present volume is at once a systematic expansion of his original views and a pugnacious refutation of criticism incurred. In the course of twelve years' work as a missionary in the South Seas, Dr. Winthuis acquired a first-hand knowledge of native languages and customs superior to that of most professional anthropologists. The insight thus obtained into the mentality of the tribes with which he came into contact, provided him with what he feels to be the master-key, not only to the mental world of the immediate subjects of his study, but to the mental world of primitive man in general. No excerpts can do justice to the wealth of observation and detailed illustration on which his views are based, but his main conclusions may be briefly summarized. Primitive man is essentially group man. As compared with civilized man his mentality is less differentiated and individualized and more completely subordinated to group-tradition and group-suggestion. For this reason his social manifestations, his tribal rites and customs, offer a more fruitful field for psychological study than any detailed examination of individual subjects. The road to understanding lies through knowledge of language. Primitive mind is not alogical, but it employs a different logic, synthetic rather than analytical. It proceeds mainly by analogy, by identification and personification. Things which resemble each other are readily equated and this equation gives to primitive language its outstanding feature, its figurative ('symbolical') character. In most cases this esoteric significance is sexual. In ritual songs and dances every long object, spear or lance, is a phallus and every hole a vagina. But in most instances, and certainly in all rites associated with initiation ceremonies and worship of ancestors, the sexual secret involved concerns the endowment of the participants with the characters of the opposite sex, their transformation into bi-sexual beings. For instance, the various forms of ritual mutilation, such as sub-incision,

all have their *raison d'être* in this bi-sexual aim, they add a feminine, vaginal character to the male organ. Winthuis relates this desire for bi-sexuality to the widespread legends of hermaphroditic ancestry. At initiation the adolescent is made one with his ancestors (he is ' eaten ' by them, or, in totem feasts, ' eats ' them) and by virtue of this identification he is admitted to and confirmed in, sexual potency and fertility. Whether or no ' bi-sexuality ' is the key to all primitive mysteries, as the author supposes, it is evident that it is a clue of great importance. Further, the book is of particular interest to psycho-analysts on account of the striking parallelism between the author's picture of primitive mentality and the ' unconscious ' mind as revealed through analysis of ' civilized ' adults and children. The author himself denies any connection with Freudian theory. His conclusions appear to have been reached quite independently by inference from his own observations. Such ' unbiassed ' corroborative evidence is obviously valuable. At the same time readers may a little regret the author's analytic ' innocence ' because it is evident that familiarity with unconscious mechanisms and ' anxiety ' problems would have enabled him to carry his solution of the riddles of primitive behaviour so much further and deeper.

M. Brierley.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

ANNA FREUD, GENERAL SECRETARY

I. Report of Proceedings of Societies

THE AMERICAN PSYCHO-ANALYTICAL ASSOCIATION

1932

The Twenty-seventh Meeting of the American Psycho-analytical Association was held at the Bellevue-Stratford Hotel, Philadelphia, on June 2 and 3, 1932.

The Business Session was held at 5 p.m. on June 2. Dr. A. A. Brill presided. The proposed amended constitution was adopted, and Drs. Blitzsten, Hadley, McCord, Oberndorf, and Zilboorg were appointed to a Committee on By-laws, Dr. Brill being the Chairman *ex officio*. The Committee was instructed to prepare By-laws for approval of the Council and presentation at the next meeting of the Association. Dr. A. A. Brill was elected as Permanent President. Dr. William A. White was elected Vice-President and Dr. Ernest E. Hadley was re-elected Secretary-Treasurer. Under the reorganization the American Psycho-analytical Association becomes the Executive and organizing body of the American Psycho-analytical Societies. The local Societies first federated in the Association are the Baltimore-Washington Psycho-analytical Society, the Chicago Psycho-analytical Society and the New York Psycho-analytical Society. The Executive Councillors elected by the respective Societies are Ernest E. Hadley (Baltimore-Washington group), Lionel N. Blitzsten (Chicago group) and Gregory Zilboorg (New York group).

The private session on the evening of June 2 was opened by the President, Dr. A. A. Brill, and later presided over by the senior Councillor, Dr. R. H. Hutchings. The well-attended programme was as follows:

Dr. Clinton P. McCord: Further Comments on Child Analysis in America.

Dr. Isador Coriat: The Dynamics of Stammering.

Dr. Lawrence Kubie: The Genesis of Life-long Transvestite Tendencies in a Girl of Fifteen.

At the Joint Session with the American Psychiatric Association on the morning of June 3 the spacious Rose Garden was filled to capacity. Dr. Hutchings again presided, when the President of the American Psychiatric Association, Dr. William L. Russell, graciously turned the

session over to the officers of the Psycho-analytical Group. The programme given was as follows :

Dr. Bernard Glueck : Hospital Experience with Psycho-analytic Therapy.

Dr. Alexander Lorand : The Psychology of Nudism.

Dr. Bertram D. Lewin : The Body as Phallus in Psycho-analysis.

Dr. Gregory Zilboorg : The Dynamics of Suicide.

The growing interest in the psycho-analytical papers led to favourable discussion of a longer psycho-analytical programme at the next Spring Meeting. Such comments were made not only by our own members but also by a number of others in the American Psychiatric Association.

Ernest E. Hadley,
Secretary.

THE AMERICAN PSYCHO-ANALYTICAL ASSOCIATION

(A Federation of the American Psycho-analytical Societies)

The Twenty-ninth Meeting of the American Psycho-analytical Association was held at the New York Psycho-analytical Institute, 324 West 86th Street, New York City, on December 27, 1932. Dr. A. A. Brill, the Permanent President of the Association, presided at each session. The programme was as follows :

Morning Session

Dr. Isador Coriat : Totemism in Prehistoric Man.

Dr. Sandor Lorand : A Contribution to the Psychology of the Inventor.

Dr. Sandor Rado : Narcissus the Lover : a Contribution to the Psychology of Love.

Afternoon Session

Dr. Lillian D. Powers : Problems in Technique.

Dr. Harry Stack Sullivan : Hypochondriasis and Schizophrenia : a note on the Medical Specialist and the Incipiently Psychotic.

Dr. Gregory Zilboorg : Constitutional Factors and Psycho-analysis.

Business Session

The Business Session was called to order by Dr. Brill at the close of the afternoon programme. The minutes of the previous meeting were read and approved. The Resolution of the International Psycho-analytical Congress in regard to the Federation was read by the Secretary. The report of the Executive Council meeting on December 26 was then made. The Council recommended with unanimous approval the changes indicated in the Resolution, viz. the addition of the sub-title ' A Federation of the American Psycho-analytical Societies ' and the dissolution of the ' Member-at-Large ' status by such alterations and omissions as would properly amend the constitution. In addition the Council approved the amend-

ment providing for a three-year term on the Executive Council. Likewise the Executive Council approved the By-laws drafted by the committee, with the exceptions provided by the Resolution and the changes in the constitution. The Executive Council further recommended that the Secretary be directed to write to all of those not as yet attached to one of the local Societies federated in the Association and advise them to make application at once to the nearest local group. On motion the report of the Council, the amendments to the constitution and the By-laws were adopted. The assembly of members of the Baltimore-Washington, Chicago and New York Psycho-analytical Societies federated in the American Psycho-analytical Association adjourned to the next Spring Meeting to be held in Boston. In the evening, members of the affiliated Societies attended the Twenty-first Anniversay Dinner of the New York Psycho-analytical Society held at the Waldorf-Astoria Hotel.

Ernest E. Hadley,
Secretary.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1932

Scientific Proceedings

October 5. Dr. Ernest Jones: Report on Proceedings of Twelfth International Psycho-Analytical Congress. Dr. Yates: 'Some Problems in the Inhibition of Sublimations'.

October 19. Dr. Brierley: Abstract of Horney's paper: 'The Dread of Woman'. Dr. Ernest Jones: 'The Phallic Phase, Part I, Male'.

November 2. Dr. Brierley: Abstract of Freud's paper: 'Female Sexuality'. Dr. Ernest Jones: 'The Phallic Phase, Part II, Female'.

November 16. Miss Searl: 'On the Psychology of Screaming'.

December 6. Dr. Glover: 'The Relation of Perversions and Neuroses to the development of Reality Sense'.

Edward Glover,
Scientific Secretary.

Business Meeting

October 19, 1932. Dr. Ernest Jones in the Chair.

Election of Associate Members

Dr. Melitta Schmideberg, 75 Upper Gloucester Place, N.W. 1.

Mr. Walter Schmideberg, 75 Upper Gloucester Place, N.W. 1 (transferred from German Psycho-Analytical Society).

S. M. Payne,
Business Secretary.

DUTCH PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1932

October 15, 1932. (Leyden.) *Business Meeting.*

November 27, 1932. (The Hague.) J. H. W. van Ophuijsen : ' Traumas and Symptoms '.

Election to Membership : Dr. H. G. van der Waals, Neurologist, 15 Roemer Visscherstraat, Amsterdam, W.

A. Endtz,
Secretary.

FRENCH PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1932

October 18, 1932. M. Jean Frois-Wittmann : ' The Cure of a case of Impotence '.

November 15, 1932. Mme. Marie Bonaparte : ' Female sexuality '.

December 6, 1932. Dr. Charles Odier : ' A Neurosis without Œdipus Complex (?) '.

S. Nacht,
Secretary.

GERMAN PSYCHO-ANALYTICAL SOCIETY

Third Quarter, 1932

July 5, 1932. Dr. Kluge (guest of the Society) : ' The Emergence of Artistic Productivity during an Analysis '.

July 12, 1932. Dr. Bally : ' The Motor System of Young Children compared with that of Animals : an essay in evolutionary psychology '.

Fourth Quarter, 1932

October 8, 1932. *General Meeting.* Adoption of the reports of the President, the Director of the Institute, the Training Committee, the Treasurer, the Trustees of the Training Loan Fund and the Study Groups.

Dr. Eitingon was elected President. The following were elected to serve on the Council : Drs. Boehm, Fenichel, Müller-Braunschweig and Simmel. The allotting of the different offices was left to the newly elected Council.

The following were elected members of the Training Committee : Drs. Bernfeld, Eitingon, Fenichel, Hárnik, Müller-Braunschweig, Reik, Simmel. The following were elected to adminster the Training Loan Fund : Drs. Hárnik, Lampl, Müller-Braunschweig. Dr. Spitz and Rechtsanwalt Staub were appointed to audit the accounts of the Society.

Election to Membership : Berta Bornstein, Steff Bornstein, Dr. Fromm and Dr. Hoffmann.

Dr. Spitz reported on the action taken by the *Verlag* Committee of the

International Psycho-Analytical Association and requested that a larger number of members would make payments in advance.

Frau Dr. Naef reported on the possibility of publishing the names of members.

Dr. Eitingon put the following motion : ' That, in view of the constant heavy pressure of work on the members, the number of meetings be restricted to two monthly '. The resolution was adopted.

November 2, 1932. (1) Dr. Fenichel : Report of his impressions of the psycho-analytic movement in Russia.

(2) Dr. Lampl-de Groot and Dr. Spitz reported on the XIIth International Psycho-Analytical Congress at Wiesbaden, September, 1932.

(3) Dr. Max Levy-Suhl (guest of the Society) : ' The Attainment of Maturity : a comparison between human beings and the lower animals '.

November 15, 1932. Dr. Spitz : ' An Analysis mirrored in an Artist's Intuition ' (a paper based on the novel : *Vagadu*, by Pierre Jean Jouve).

Business Meeting : A committee consisting of Drs. Boehm, Müller-Braunschweig and Staub was appointed to draw up an agenda.

Election of Associate Member : Dr. Walter Kluge.

November 26, 1932. Dr. Benedek : ' Psychic Processes in Basedow Psychoses.'

Business Meeting : Election of Associate Member : Dr. Annie Reich (transferred from the Vienna Psycho-Analytical Society).

December 6, 1932. Dr. Wulff : ' The Hysterical Fit.'

December 13, 1932. Dr. Simonson : ' Successful Treatment of a case of severe multiple Conversion Hysteria by Catharsis.'

Dr. Felix Boehm,
Secretary.

LEIPZIG STUDY GROUP OF THE GERMAN PSYCHO-ANALYTICAL SOCIETY

Third and Fourth Quarters, 1932

September 14, 1932. Frau Benedek : Detailed report of the XIIth International Psycho-Analytical Congress at Wiesbaden.

September 21, 1932. Weigel : ' The limits within which psycho-analytic treatment may be prescribed '. A detailed discussion on decision concerning treatment and prognosis in the neuroses ; less favourable prognosis in neuroses of long standing.

September 28, 1932. Weigel : Continuation of the last week's paper : Decision concerning treatment and prognosis in the various forms of psychosis and perversion.

October 5, 1932. Discussion of Reich's work : *Der masochistische Charakter.*

October 12, 1932. Continuation of the discussion on Reich's work.

October 19, 1932. Ranft and Frau Schorsch: Reviews of recent publications.

October 26, 1932. Short communications on Theory and Technique: Frau Benedek, Frau Ekman, Frau Schorsch and Weigel.

November 11, 1932. Frau Benedek: Provisional communication on the subject of the Basedow Psychoses.

November 18, 1932. Discussion on Anxiety, with special reference to recent psycho-analytical literature on the subject (Nunberg, Klein, Fenichel).

December 7, 1932. Weigel: 'Clinical observations on five cases of genuine transvestism'.

December 16, 1932. Weigel: An account of the general and the psycho-analytical literature on transvestism and of the limits of the various methods of observation and treatment.

December 21, 1932. Short Communications on problems of Therapeutic Technique: Ekman, Ranft, Vauk and Weigel.

Dr. Therese Benedek,
Chairman.

HAMBURG STUDY GROUP OF THE GERMAN PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1932

Three meetings were held during this quarter, at each of which a section of Melanie Klein's book: *The Psycho-analysis of Children* was reviewed.

Dr. August Watermann.

SOUTH-WESTERN GERMAN PSYCHO-ANALYTICAL STUDY GROUP

Fourth Quarter, 1932

November 20, 1932. Dr. Fuchs: 'Nunberg's Theory of the Neuroses in its bearing on problems of Technique'.

December 18, 1932. Dr. Landauer: 'Silliness and Stupidity as a Resistance.'

Dr. Karl Landauer.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1932

October 28, 1932. Dr. M. Bálint: Report of the XIIth International Psycho-Analytical Congress at Wiesbaden.

November 4, 1932. (1) Dr. E. Almásy: 'Notes on the processes of Association and Transference in cases of Mania'.

(2) A paper by the late Frau Kélmán, read by Dr. M. Bálint: 'Observations on the therapeutic education of Deaf-Mutes'.

November 18, 1932. Dr. S. Ferenczi: 'The mutual Lack of Understanding of the manifestations of Emotion between Adults and Children'.

December 2, 1932. Dr. G. Róheim: 'The Riddle of the Sphinx'.

December 16, 1932. Dr. G. Róheim: 'The Riddle of the Sphinx' (*continued*).

Dr. Imre Hermann,
Secretary.

SWISS PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1932

October 1, 1932. Pfarrer Dr. O. Pfister, Zürich: 'The Part played by Anxiety in the Structure of Religion'. Animism and magic as the preliminary stages of religion. Purpose of all religion and religious practice: to bind or allay anxiety. In certain circumstances anxiety is increased by religion, until a reforming tendency makes its appearance. 'The ideal conception of the overcoming of anxiety by religion is (at the present time and in the great religions of civilisation) usually impracticable without the aid of analysis'. The reason why this is so.

October 22, 1932. Dr. med. Boss, Zürich (guest of the Society): 'Fragment of an Analysis in which Transitory Schizophrenic Symptoms arose'. An analysis during which schizophrenic symptoms occurred: why they arose, what they signified and how they were resolved.

November 17, 1932. (1) Dr. med. H. Behn-Eschenburg, Zürich: 'The Relation of Time and Space to Unconscious Mental Processes'.

(2) Dr. med. Sarasin, Basle: Discussion of Nunberg's *Allgemeine Neurosenlehre*.

November 26, 1932. Dr. med. G. Bally, Zürich: 'The Motor System of Young Children compared with that of Animals'. Investigations by Kohler and others on the subject of the motor system in animals. Comparison with that of infants. Important conclusions with regard to the mental make-up of human beings.

December 10, 1932. Frau G. Behn-Eschenburg, Zürich: 'The Education of those who educate'. Account of a paper read at a meeting of the Society of Radical School-Reformers in Berlin, in which problems of education were discussed with reference to other papers written entirely from the standpoint of pedagogy and 'individual psychology'. The problem of the education of those who educate regarded from the psychoanalytical standpoint.

Hans Zulliger,
Secretary.

VIENNA PSYCHO-ANALYTICAL SOCIETY

Third and Fourth Quarters, 1932

September 28, 1932. Dr. Paul Federn: 'The Ego-Cathexis in Parapraxes'.

October 12, 1932. *General Meeting. Election of the Council* for the coming year: Prof. Freud, President; Dr. Federn, Vice-President; Dr. Nunberg and Anna Freud, Secretaries; Dr. Bibring, Treasurer; Dr. Wälder, Librarian. Dr. Federn thanked the retiring Secretary, Dr. Jokl, for his seven years' work in the service of the Society.

Election of Officers (*a*) of the Training Institute: Dr. H. Deutsch, Director; Dr. Jekels, Assistant Director; Anna Freud, Secretary; Aichhorn, Drs. Bibring, Federn and Hitschmann, members of the Committee; (*b*) of the Clinic: Dr. Hitschmann, Director; Dr. E. Bibring, Assistant Director.

October 26, 1932. Dr. Robert Wälder: Report of the scientific proceedings of the XIIth International Psycho-Analytical Congress at Wiesbaden, September, 1932.

November 9, 1932. Dr. Siegfried Bernfeld: 'Psycho-physiological Investigations'.

November 23, 1932. Dr. Ernst Kris: 'An Artist of Unsound Mind' (Franz Xavier Messerschmidt).

December 7, 1932. Dr. Richard Sterba: 'The Effects of Analytic Therapy on the Ego'. (Read before the Congress.)

December 21, 1932. (1) Dr. R. Sterba: Further remarks in conclusion of the paper read on December 7.

(2) Dr. Otto Fenichel (Berlin): 'The pre-Œdipal Phase in Girls'.

Anna Freud,
Secretary.

II. Reports of the International Training Commission

BERLIN PSYCHO-ANALYTICAL INSTITUTE

Fourth Quarter, 1932

(a) *Lecture Courses*

1. Dr. Carl Müller-Braunschweig: Introduction to Psycho-Analysis. Part I. Analytical Normal Psychology. Seven lectures. (Attendance, 36.)
2. Dr. Jeanne Lampl-de Groot: The Interpretation of Dreams. Seven lectures. (Attendance, 19.)
3. Dr. Jenö Harnik: Theory of the Specific Neuroses. Part II. Perversions, Psychoses, Disturbances of Character. Seven lectures. (Attendance, 14.)
4. Dr. Ernst Simmel: Psycho-Analytic Technique. Part I. Seven lectures. (Attendance, 18.)

5. Dr. M. Wulff : Neurotic Disturbance of Function in Early Childhood up to the Latency Period. Five lectures. (Attendance, 16.)
6. Dr. Wilhelm Reich : The Psychology of Instinct and Characterology. Five lectures. (Attendance, 27.)

(b) *Seminars. Practical Exercises. Discussions*

7. Dr. Otto Fenichel : Seminar on the works of Freud : writings on theory. Part I. (Seven seminars of two hours each. Attendance, 25.)
8. Dr. Felix Boehm : Seminar on the works of Freud : *Drei Abhandlungen zur Sexualtheorie.* (Seven seminars of two hours each. Attendance, 26.)
9. Dr. Müller-Braunschweig and Dr. Simmel : Seminars on technique. (Alternate weeks. Attendance, 16–18.)
10. Dr. Eitingon and others : Practical therapeutic exercises.
11. Dr. Fenichel and Dr. Reik : Discussion of recent publications. (Alternate weeks. Attendance, 51.)
12. Dr. Siegfried Bernfeld (or, in his absence, Steff Bornstein) : Practical problems of psycho-analytical pedagogy. (Seven sessions. Attendance, 41.)

(c) *Study Circle*

13. Educational Study Circle. Bernfeld (or, in his absence, Bornstein). (Three sessions. Attendance, 30.)

FRANKFURT PSYCHO-ANALYTICAL INSTITUTE

Winter Term, 1931-1932

1. Dr. Landauer : Elements of Psycho-Analysis. Part II. (Attendance, 27.)
2. Dr. Landauer : Study Circle for the discussion of Freud's introductory works. Part II. (Attendance, 22.)
3. Dr. Meng : Analysis of children and adults as an Educational Problem. (Attendance, 24.)

Summer Term, 1932

1. Dr. Meng : Introduction to Psycho-Analysis. (Attendance, 30.)
2. Drs. Fuchs, Landauer and Meng : Seminar on Freud's *Group Psychology and the Analysis of the Ego.* (Attendance, 16.)
3. Dr. Landauer : The Choice of a Career and Neurotic Impediments to work. (Attendance, 14.)

Winter Term, 1932-1933

1. Dr. Meng : Introduction to Psycho-Analysis. (Attendance, 8.)
2. Drs. Fuchs and Landauer : The Contribution of Psycho-Analysis to the science of Character. (Attendance, 19.)

3. Dr. Landauer : The Theory of the Neuroses. (Attendance, 19.)
4. Dr. Meng : Psycho-Analytical Pedagogy. (Alternate weeks. Attendance, 6.)
5. Dr. Meng : Advice on the up-bringing of children. (Alternate weeks. Attendance, 9.)

Dr. Karl Landauer.

TRAINING INSTITUTE OF THE HUNGARIAN SOCIETY

Third and Fourth Quarters, 1932

(a) *Lecture Courses*

1. Dr. I. Hollós : Introduction to Psycho-Analytic Psychiatry. (Six lectures. Attendance, 30.)
2. Dr. G. Róheim : Introduction to general Ethnology. (Eight lectures. Attendance, 15.)
3. Alice Bálint : Pedagogic problems of Child Psychology. (Five lectures. Attendance, 20.)

(b) *Seminars (for Training Candidates)*

4. Dr. M. Bálint : Psycho-Analytical literature. (Five sessions. Attendance, 9.)
5. Vilma Kovács : Seminars on technique. (Five sessions. Attendance, 9.)
6. Dr. L. Révész : General and Special Pathology. (For non-medical training candidates.) (Nine sessions. Attendance, 14.)

Dr. Imre Hermann.

INSTITUTE OF PSYCHO-ANALYSIS, LONDON

Fourth Quarter, 1932

Lecture Course : Mr. James Strachey : Theory of Psycho-Analytic Technique.

Technical and Theoretical Seminars (as usual).

NEW YORK PSYCHO-ANALYTICAL INSTITUTE

Winter, 1931-1933

1. Psycho-Analysis in Medicine : Ten lectures.
   Open to physicians only. Course approved by the Committee on Medical Education of the New York Academy of Medicine.
   Lecturers : Drs. Brill, Feigenbaum, Kardiner, Lehrman, Lorand, Meyer, Oberndorf, Zilboorg.
2. Popular Lectures on Psycho-Analytical Topics : Eight lectures.
   Open to the public.
   Lecturers : Drs. Brill, Kenworthy, Lehrman, Meyer, Oberndorf, Williams, Wittels, Zilboorg.

3. Pedagogy and Psycho-Analysis : Fifteen lectures.

   Open to teachers. Course accredited by the New York State Department of Education and accepted by the Board of Education of New York City for ' alertness credit '.

   Lecturers : Drs. Brill, Broadwin, Meyer, Oberndorf, Shoenfeld, Williams.

4. Introductory Course in Psycho-Analysis : Ten lectures.

   Open to social workers, jurists, theologians and members of allied professions.

   Lecturers : Drs. Brill, Glueck, Meyer, Oberndorf, Shoenfeld, Williams.

5. Intermediate Case-discussion Course.

   Open to social workers who have completed Course 4 or its equivalent.

   Lecturers : Drs. Glueck, Kenworthy, Stern, Williams.

6. Advanced Seminars for Social Workers : Round Table Discussions.

   Open to experienced social workers. Attendance limited to twenty per section.

   Lecturers : Drs. Shoenfeld, Stern, Zilboorg.

New York Psycho-Analytical Institute, 324 West 86th Street, New York City.

VIENNA TRAINING INSTITUTE

Winter Term, 1932-1933

(a) *Lecture Courses*

1. Dr. R. Wälder : General Theory of the Neuroses. (For advanced students.) (Five lectures. Attendance, 25.)
2. Dr. S. Bernfeld : Introduction to Psycho-Analysis. (Ten lectures. Attendance, 25.)

(b) *Single Lecture*

3. Dr. P. Federn : Technique of the Therapy of the Psychoses.

(c) *Seminars*

4. Dr. E. Bibring : Freud's writings on the theory of the neuroses. (Attendance, 20.)
5. Drs. E. Bibring and H. Hartmann : Fundamental problems of psycho-analysis. (Weekly.) (Attendance, 20.)
6. Drs. E. Bibring and H. Hitschmann : Seminar on psycho-analytic therapy. (Fortnightly, at the Vienna Psycho-Analytical Clinic.) (Attendance, 25.)
7. Dr. L. Jekels : Reading and discussion of selected writings by Freud (For members of the Academic Union for Medical Psychology.)

(d) *Study Circles*

8. Dr. Helene Deutsch : Group control-analyses. (Weekly. Attendance, 20.)
9. Anna Freud : The technique of child-analysis. (Attendance, 20.)
10. Dr. R. Mack-Brunswick : The psycho-analysis of the psychoses. (Attendance, 15.)

(e) *Pedagogy*

11. A. Aichhorn : Introduction to psycho-analysis, for teachers and social workers. (Fortnightly. Attendance, 65.)
12. A. Aichhorn : Practical talks on psycho-analytical pedagogy : asocial tendencies and intractability. (Fortnightly. Attendance, 20.)
13. Dr. W. Hoffer : Seminar for educationists. (Monthly. Attendance, 20.)